THE UNIVERSITY
OF ILLINOIS
LIBRARY

From the collection of
JULIUS DOERNER, Chicago
Purchased, 1918.
615.5305
AM
v.10

Craig

THE AMERICAN OBSERVER:

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA,

SURGERY, PRACTICE OF MEDICINE,

DISEASES OF WOMEN AND CHILDREN,

OBSTETRICS, PATHOLOGY, MEDICAL JURISPRUDENCE, MICROSCOPY
PHYSIOLOGY, POSOLOGY, CHEMISTRY, TOXICOLOGY,
BOTANY, AND HYGIENE.

"IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS."

VOLUME X.

DETROIT, MICHIGAN:
PRINTED AND PUBLISHED AT LODGE'S HOMŒOPATHIC PHARMACY,
57 and 59 Wayne street, between Jefferson ave. and Larned street,
1873.

615.5305
A M
v. 10

LIBRARY
UNIVERSITY OF ILLINOIS
URBANA

EDITORS:

BUSHROD W. JAMES, M. D., Surgery.
W. S. SEARLE, M. D., Clinical Medicine.
THOMAS NICHOL, M. D., Diseases of Women and Children.
S. LILIENTHAL, M. D., Foreign Translations.
SAMUEL A JONES, M. D. and D. A COLTON, M. D.,
Department of Pathology and Microscopy.
EDWIN M. HALE, M; D., Materia Medica and Therapeutics,
HORATIO P. GATCHELL, M. D., Physiology and Principles of Medicine.

EDWIN A. LODGE, M. D., General Editor.

465017

LIBRARY
UNIVERSITY OF ILLINOIS
URBANA

Introductory.

Prefaces are usually the last things written, and our Introductory to the tenth volume is penned as we close the labors of the old year. We review the work of the past ten years with mingled feelings of regret and joy. Regrets because of its imperfections; joyfulness that our hands have been held up by so many tried colleagues and true friends, and that our publication now ranks among the few successes of Medical Periodical Literature. We close the first series of the *American Observer* with as bright an outlook as youth steps into the dignity of manhood after due preparation for its responsibilities.

NEW SERIES.

With the year 1874, we expect to commence the publication of the first volume of the NEW SERIES. We may not live to complete another *Decennium*, but we can promise that while life continues our endeavors will be ceaseless to give to the *Observer* a still higher position. One of its friends writes: "*I should like to see your health re-established, if it were only to see what can be done with the* OBSERVER *during the next five years. It improves.*" With better health we expect to do better work, but the success of the Journal depends so much more upon our colleagues, that we are glad to be assured of their continued assistance.

SURGERY.

The Surgical department has been under the editorial charge of *Bushrod W. James, M. D.*, of Philadelphia, for the past six years. All will be gratified that his interest in our *Observer* is undiminished. The January number for 1874, will contain a finely illustrated article from his pen, upon "*Amputations and fitting Artificial Limbs*," and this is to be followed by a series of papers which will show that our Surgical department is fully equal to any other in interest and value to every practitioner.

DISEASES OF WOMEN AND CHILDREN.

This department has been regularly served by a number of elaborate papers by its Editor, *Thomas Nichol, M. D.*, of Montreal, Province of Quebec. During the coming year the same will be regularly continued, and the January No. of 1874 will contain a paper upon Asthma—one of the most valuable we have published.

Dr. Nichol's services upon the *Observer* staff have been highly valued by his colleagues, as well as by our subscribers generally, and all are glad that his pen will be in requisition for years to come.

FOREIGN TRANSLATIONS.

Dr. S. Lilienthal has enriched the pages of the *Observer* from month to month with excellent translations of the best articles from the Medical Magazines of Europe. The present volume contains so large a number of these that they are regarded as a leading feature of our Journal. They have always been highly prized by our subscribers, and we are most happy in announcing that this department will be continued in the New Series. The December number of this year contains an excellent Lecture on Surgery by Prof. Esmarch, and this will be followed by other equally fine translations.

PATHOLOGY AND MICROSCOPY.

Not very many articles upon Microscopy have appeared during the year, but Dr. Jones has given us Pathological and Critical papers. He has written for this Journal exclusively for some time past, and we are glad to be able to retain his aid. We expect that his pen upon the *Observer* hereafter will mainly be employed in the department of *Practice of Medicine.*

MATERIA MEDICA.

E. M. Hale, M. D., has edited this department for the past seven years, and has written for us since the commencement of the Journal. In its weakness and infancy, ten years since, he was willing to labor industriously to give it a place and a name. Now that it established upon a strong basis he has a peculiar pleasure in its prosperity. He still works in the department of Materia Medica of *New Remedies*, and is as enthusiastic as ever in the belief that the indigenous flora of America contains medicines for many, if not "all the ills that flesh is heir to." A paper upon Populus in the January number will show the practical value of a few clinical observations in relation to a little known remedy. We expect frequent contributions from his pen for 1874. An examination of the Complete Classified Index of the *Observer*—First Series 1864—1874, will show that if all his contributions to our pages were gathered together, they would make a respectable sized octavo volume. That these have been of value to the profession has been well attested.

PRACTICE OF MEDICINE.

Dr. Searle did good service in the *Clinical Department* of the *Observer*, and we much regretted that his professional engagements prevented his continuing as editor. We have now filled his place with one equally as efficient. He will strive to make this department the most practical and valuable of all. The first volume of the New Series for 1874 will doubtless excel all previous years in interest, and the Clinical department will certainly not be the least in importance.

OTHER DEPARTMENTS.

All the other departments of the *Observer* will receive due attention, under charge of competent Editors, for the coming year.

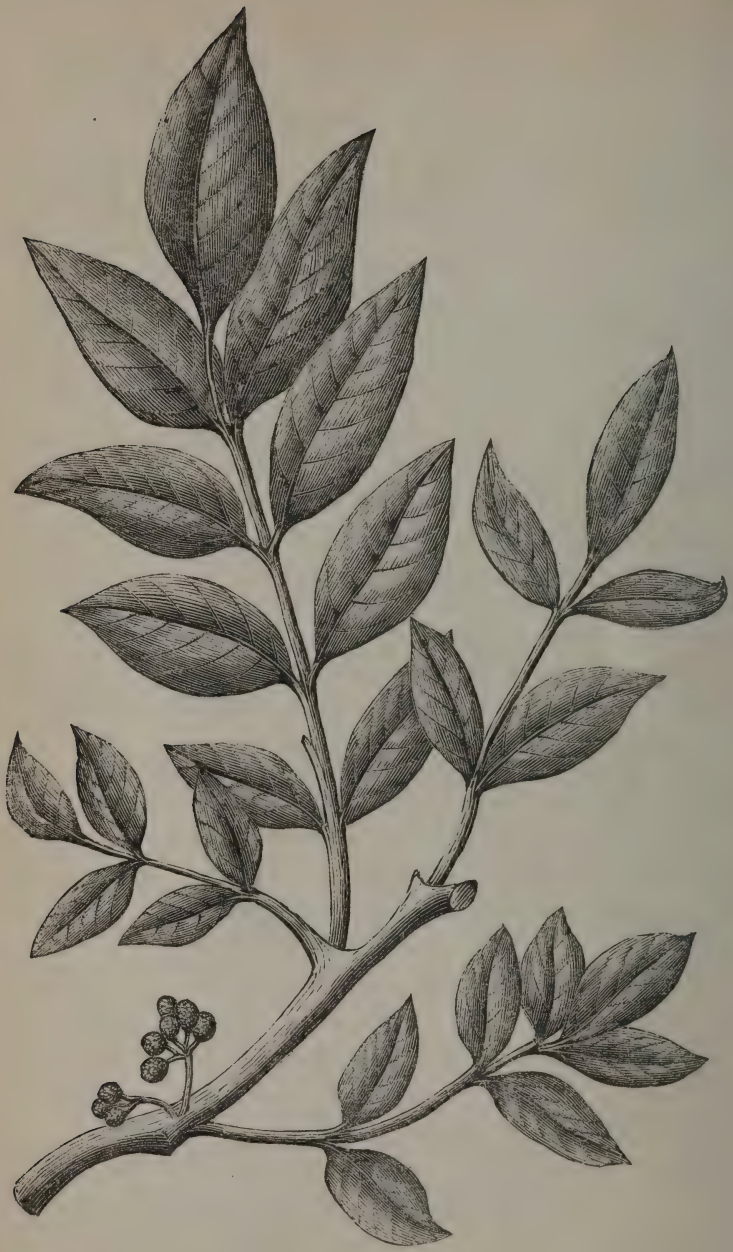
CLASSIFIED INDEX.

The Classified Index of the First Series, 1864 to 1874, ten years, is nearly finished and will be published as soon as completed. This will embrace a complete table of contents of each department, and each section or subject, so arranged and classified at to bring before the reader at a glance all that has been published on any disease, medicine, or subject during the ten years of the *Observer's* existence.

As it has involved a large amount of labor and expense in its compilation and publication, the price has been fixed at *One Dollar*, but we offer to send it FREE to all of our subscribers who will remit the subscription for the new year 1874 $2,50, *in advance*, or before the 1st of February, 1874.

The January number will be sent to all our old subscribers, Should any one desire to discontinue, they will please return. that number marked *Declined* (*with name*, that we may be certain to mark off the right one.) But we trust that all will appreciate our earnest endeavors to make a Journal worthy of continued support; and that they will not only remit their own subscriptions but send us additional subscribers.—With such aid we can issue for 1874 the *largest and best Medical Monthly*.

E. A. L.



XANTHOXYLUM FRAXINEUM.

(Prickly-Ash.)

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

XANTHOXYLUM FRAXINEUM.

(*Prickly Ash.*)

ANALOGUES:—*Camphora, Ammonium carbonicum, Asarum, Veratrum album.*

OFFICINAL PREPARATIONS:—Tincture of the berries and bark; dilutions.

MENTAL SPHERE.

Great despondency, irritability.
Anguish about the chest.
Fearfulness, terrible nervous frightened feeling.

HEAD.

Head feels full and heavy.
Vertigo; bewildered feeling; insensibility.
Pain over both eyes, throbbing pressure above root of nose.
Grinding pain in the head, with nausea.
Severe pain in top of head, as if it would come off.
The head feels as if it was divided.

EYES.

Lachrymation, pain in the lid of right eye.
Dull heavy pain in the left eye.
o Ophthalmia.—(*Dr. Cullis.*)

EARS.

Dull pain in the left ear; ringing in the right ear.

NOSE.

Fluent coryza.
Discharge of bloody scales of mucus from the nose right side.

FACE.

Pain in the right jaw-socket.
Dull pain in the left side of the lower jaw.

MOUTH.

Ptyalism; tongue coated yellow.

THROAT.

Throbbing in the throat, and sensation of swelling.
Soreness with expectoration of tough mucus.
A "bunch" in left side of throat when swallowing.
Aphonia from cold or general debility.

STOMACH.

Fluttering in the stomach; feeling of fulness.

ABDOMEN AND STOOL.

Fulness and pressure at the epigastrium, with colic pain in right iliac region.
Rumbling, with soreness on pressure.
o Epidemic dysentery, characterized by spasmodic tenesmus, intestinal spasms, tympanitis, etc.
Inodorous discharges, with tenesmus.
o *Cholera*, in the stage of collapse,(when Veratrum album fails.)

URINARY ORGANS.

Profuse and light colored urine.

GENERATIVE ORGANS.

Women:—Menses too soon.
Profuse menses, with violent pains.
o Leucorrhœa, with amenorrhœa.
o After pains.
o Menorrhagia, and threatened abortion.
o Amenorrhœa, recent.—*Dr. Cullis.*
o *Amenorrhœa of one year's standing.* A girl æt. 18: paleness of face, lips, tongue, fauces and conjunctiva; face bloated with dark rings round the eyes; appetite poor; abdomen bloated; urine cloudy and deposits a brick-dust sediment, scanty; œdema of feet and limbs great weakness, dyspnœa and chlorotic condition. (The 1st, dilution brought on menses in four days, after other remedies had failed; cure completed by Calcarea and Ferrum.)—*Dr. C. A. Williams.*
o *Amenorrhœa for five months;* face and legs œdematous; very nervous, sensitive to the least noise, hysterical mood; voice tremulous; fears she is going to die; general chlorotic appearance, constipation, scanty, frequent and dark urine; (the 1st dil. cured this case in a few weeks,)—*Ib.*
o *Amenorrhœa for five months;* with severe pains over right ovary; constant headache; bearing down and tension in hypogastric region, (the 1st, soon relieved the pain in the head and restored the menses in a few days.) —*Ib.*

o *Amenorrhœa* from getting the feet wet; lasting six months. Symptoms: emaciation with cough; dirty gray expectoration; pale face, night sweats, (cured in a short time by the 1st.—*Ib.*

o *Ovarian and sacral pains during pregnancy.—Ib.*

o Ovarian pains with scanty and retarded menses.—*Ib.*

o *Dysmenorrhœa,* with agonizing pains driving patients almost distracted.—*Dr. Cullis.*

o Is indicated in *neuralgic dysmenorrhœa* by the presence of pain along the course of genito-crural nerve. Spare habit, nervous temperament, and delicate organization, seems more particularly to call for this remedy.—*Dr. Massey, England.*

CHEST.

Oppression of the chest, with a desire to take deep inspiration.

Shortness of breath.

Tightness of the chest, difficulty to inflate the chest.

Pain in the left side, under the fourth rib.

ARMS.

Pain in the right shoulder and arm.

Pain and pricking feeling in the right arm, extending to the third finger.

Numbness of the left arm.

Pricking and throbbing sensation in the left arm and fingers.

LEGS.

Excessive weakness of the lower limbs.

Pain in the left leg, between hip and knee.

GENERALITIES.

Prickling sensations extending to the whole body and extremities.

Gentle shocks like electricity pouring through the body.

Numbness all through left side of the body.

o Paralysis of single members.

o Hemiplegia, after Nux vomica failed.

Fever with flushed and hot face, followed by great depression.

Flashes of heat from head to foot.

Nausea followed by chills.

o Typhoid fever, in the stage of collapse.

THE RELATIVE IMPORTANCE OF MEDICINAL AGENTS.

In order to be *au fait* in any one department of the great domain of medicine, it is necessary to know something of each other department, and to take a somewhat comprehensive view of all of these as a complete whole.

It consequently strikes me that it is only he who understands the human system when in a state of health, and its condition and demands in the more common diseases, who can reason comprehensively, specifically and correctly as to the effects of some of the so-called popular remedies at present used.

Though our physiological frames have been compared to the engine and the galvanic machine, the one representing power by alimentation, and the other a force by innervation; yet, in the use of remedies, the organic intricacies and complexities that must maintain under these are frequently ignored.

He who realizes that such intricacies and complexities are ever the attendant of organic processes, sees point and meaning in the terms sensibility, sympathy, reciprocity. Hence when the uterus is diseased he expects to see the stomach take up the lamentation, and when the stomach is organically affected that the head may be a sleepless sentinel and give sympathetic warning of the danger.

Direct and sympathetic expressions of disease, thus become the indicators of the kind of medication to be instituted; the status of vitality may show the amount of the same that may be tolerated. This last is the grand pivot upon which hinges the health and perhaps life of many a patient, especially so if the *would be medication* is only the administration of *poison*.

Thus cathartics may be used to relieve the head, the stomach, the liver, etc., when they do not increase the congestion or inflammation already existing, or produce a revulsive depression which would favor a recurrence of the malady it was intended to relieve.

Cathartics must act by continued stimulation, or in other words, irritation. This irritation is expected to relieve that of

another portion ; and it may, if neither the one nor the other is sufficient to produce a marked depression.

But when the original inflammation is sufficient to overtax the vital powers, how will cathartics have any other effect than to supplement the original malady ?

Therefore, while cathartic medicines seem to operate to the cure of the recipient when the disease is only temporary, and the vital forces unimpaired, they are of doubtful propriety or positively injurious when opposite conditions maintain.

I speak advisedly, as I am satisfied that some professed homœopaths resort to the above means quite too frequently and without due discrimination. A word of caution to them is certainly not out of place.

Quinine calls for similar remarks, but in a somewhat inverse order. By some it is almost wholly rejected, others give it crude and massive to cure an ague, or to please a patient, whilst a third and honored class keep within the golden mean of homœopathic consistency.

I do not propose to discuss dilutions, but to urge discrimination, and while I would not forbid the use of Chininum sulph. in intermittents that have the regular characteristics of chill fever and sweat, I am well assured that it is not always applicable in such cases.

No amount of reasoning, no totality of the symptoms have as yet induced me to wait long in a state of suspense and expectancy on the treatment of diseases. A well attested remedy may fall upon the observance of one marked symptom under its use. The fault here is not in the change, but in not seeing the *rationale* for it.

Quinine produces *tension* and perhaps *tone*, while it acts directly through the spinal cord and sympathetic nervous system. Incident to this, there may be more or less congestion at the base of the brain. Belladonna, Stramonium, and others of this class, at once affect the circulation as well as the nervous centres. But in acute cases of a similar character the apparent effects of these remedies are not uniform ; and this I view it, is sometimes due to differences between individuals that are

not observable, and that may be termed idiosyncratic and not the failure to observe the totality of the symptoms.

Of course in these remarks, reference is more particularly made to the low dilutions, and not to those higher potencies which in the chronic diseases of sensitive organizations appear to leap over or include the idiosyncracies of the individual.

Hence it is the clear perception of the patient's condition and the changes that occur under the effects or non-effects of medicine, that become the key-notes to a sound practice. Reference of course is especially had to acute cases where prompt and energetic action are imperative. He only, to my mind, who can see the gist and take in the magnitude of the disease, can in many cases tell what are the characteristic symptoms. A single symptom observed far off in the *Neptune* line of enumeration may occasionally direct attention to the right remedy, but this is the exception and not the rule.

D. A. C.

VERBENA HASTATA.

(*Blue Vervain.*)

ANALOGUES:—*Arnica (?) Bryonia (?)*

OFFICINAL PREPARATIONS:—Tincture of the leaves or root; dilutions. (Infusion for external application.)

[The uses of this remedy are given in a paper contributed to the transactions of the New York State Homœopathic Society, by Dr. S. M, Griffin, accompanied by beautiful engravings of the plant. See Vol. VIII. 1870., Page 324.]

o *Rhus poisoning*: Dr. Griffin reports many cases of persons who were suffering severely from poisoning by poison ivy, cured in a very short time by the external application of an infusion, or the tincture largely diluted. He says the swelling, itching, and burning are relieved in a few hours.

o Promotes the absorption of blood effused in bruises, and allays the attendant pain.—*King.*

[The country people call this plant Ague-weed, from its supposed value in intermittents. It is as bitter as Quinine, and I have known many instances of old agues being arrested, not to return, by the use of the infusion.—*Hale.*]

Fig. 1.

Fig. 2.

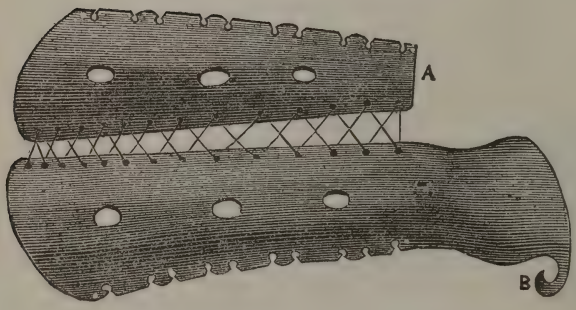


Fig. 3.

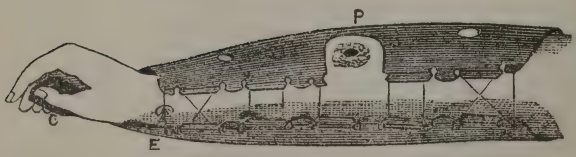


Fig. 4.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

FRACTURES.

GENERAL REMARKS.

In the series of articles which we propose to offer to readers of the *Observer*, our object is not to instruct our surgeons upon the subject under consideration, or to illustrate to them the best and most efficient modern apparatus for this class of cases, for they necessarily must keep themselves familiar therewith, but to point out to the general medical practitioner, who is not usually thoroughly versed in the treatment of surgical cases, from the very nature of his medical practice not requiring his mind to be frequently upon the subject of surgery.

Many reside in localities where they are obliged to depend upon their own resources and information in the treatment of these cases, and it is the more important for them to be familiar with the subject, as patients confide in their ability to meet every such emergency. A crooked leg limping through his neighborhood becomes a walking sign-board to detract from the physicians reputation as long as he may remain there, should it have been under his care and treatment, and impairs his influence, even if it be not made a club in the hands of a medical opponent to completely destroy his prosperity in the profession.

FRACTURES.

When called to a case of surgery which has been of such a nature as to cause an injury to any of the bones or joints, the very first question that presents itself is one of diagnosis. Why this loss of power? Is there a broken bone, or is there a dislocation? First then we will consider the diagnostic signs, which will unerringly determine for him this important point,

for a hasty conclusion must never be arrived at, as it is not always that patients will be content with the opinion of one man in such an accident, and an announcement on the part of the physician to the patient that he has a fracture when subsequent examination may prove it to be a dislocation, may forever impair the confidence of such party and his friends in the skill of his attendant.

DIAGNOSIS.

In both fracture and dislocation you will have distortion occurring, but they are of a different character in each instance. You know that no dislocation can occur in the shaft of a long bone, while a fracture may occur near a joint, and so simulate a dislocation as at first to deceive an observer. Hence if the deformity occurs near the middle of such bones as the humerus, radius, ulna, femur, tibia and fibula, you can almost predict the nature and cause of such deformity; but where the mal-shape is found at the ankle, knee, hips, shoulder, elbow or wrist, you may be liable to mistake; but you must remember that in fracture you invariably have *crepitus*, or a rasping sound of the broken ends of the fragments upon traction and movement of the part involved, while in dislocation you do not have such a sound resulting. Another sign will be that if a fracture is present, the joint will upon stout pulling easily resume is mobility and proper shape, while in dislocation a very considerable amount of force has to be exerted to accomplish the same result, but here the distortion does not return, while in fracture it does soon after the extension is withdrawn.

Swelling is common to both and is no definite guide.

The crepitation is the positive diagnostic sign of a fracture, but there are other sounds which simulate that of *crepitus*, and which the physician must be very careful to fully appreciate, for where there is an injury to one or more tendons we sometimes have a creaking sound, and also in some dislocations, and synovial diseases of the joints, but these have a smoother sound to the ear, while *crepitus* proper is more of a rasping or scratching noise of two roughened surfaces of bone which are as sensible to the fingers, and hands grasping the part,

through the sense of touch, as the peculiar sound is to the sense of hearing, In very fat patients it must be remembered that the sound will not be quite so clear, neither will the rasping jar or feeling to the fingers be so distinct as within spare subjects where it is almost impossible to mistake it. The crepitation can be felt immediately after the accident, while the soft gentle sound that occurs for instance in a displaced tendon when the plastic matter has been thrown out in the sheath of the tendon, or where a joint yields a sound from the same result having taken place upon the synovial membrane, seldom occurs until after some inflammation has resulted.

The next most valuable sign of fracture is the mobility of the bone at the seat of injury, for in dislocations we usually have a retardation of movement rather than an increase. Hence if we are not certain with regard to the crepitus, if there be an ability to move the bone, or bend it at an angle at the location where the hurt has been received, or in its immediate neighborhood, you then know positively by these two indications alone that a fracture exists. But you must be certain that you are moving the bone and not simply indenting the œdematous limb.

Just here, I will offer a suggestion of value in examining such cases. Get the entire confidence of your patient, and do not commence moving the part until you are ready for a thorough examination. The friends of the patient should remove the garments from about the part, or with a pair of scissors cut them off, and prepare the limb ready for you, so that the patient will not become afraid of you before you examine the injury. Do not be rough in handling the part, but grasp it very gently at first, and gradually tighten your grasp, first with one hand and then the other, and with the room kept perfectly quiet, place your ear somewhat near the part, make extension and counter-extension to certain extent, and then attempt to bend the bone, observing at the same moment whether is moves, and also whether it produces crepitation. Still hold firmly while you rotate the limb, or some one rotates it for you, and in this movement you will no doubt get the characteristic rough, coarse, rasping sound of

fractured ends of bone rubbing against one another, in case you do not find it by the previous movement.

There are other indications of fracture, such as deformity, either laterally, or in a shortening of the limb, or bulging out, or unequal swelling at the affected point. You will not expect to see any lengthening, for that is almost exclusively due to a dislocation.

Loss of power or function, pain and the tumefaction will not likely be present, but they are of no relative value for diagnosis, as they may occur in wounds, sprains, dislocations, etc.

An interesting diagnostic case came into my office only to-day. A working woman in lifting and holding the end of a piano, felt something suddenly give way in her right arm; although the pain was somewhat troublesome, she continued to work the remainder of the day, and three successive days thereafter, at such things as washing, scrubbing, sweeping, etc., and on the fourth day the pain became so intense that she was unable to work, and the family in whose employ she was engaged, desiring to learn what had occurred to the arm, sent her to me. On examination, I found the fore-arm considerably swollen as though deformed along the lower third of the radius, above the wrist. Any movement involving the wrist, or supination or pronation of the hand, caused her great suffering. The elbow could be moved with perfect freedom without any pain. As soon as I grasped the forearm at its middle third with one hand, and the lower ends of the radius and ulna with the other hand, I heard a very loud clear grating sound, apparently coming from the posterior radial region just above the wrist. An attempt to bend the radius proved it to be firm and unbroken, as also the ulna, while in pronation and supination of the hand, I still found these bones perfectly firm. And yet every movement seemed to produce a sound almost identical with crepitation.

Satisfying myself that there was no fracture, I grasped the index finger in order to contract and extend the extensor tendon running to it; this caused her great pain, and likewise produced the sound. I then grasped the next finger with the same result. The ring and little finger did not cause these

symptoms. Then laying the arm down, I ran my fingers with pressure up the course of the tendons of the two named fingers as far back as their attachment to the extensor communis digitorum muscles, and found the same sound to proceed from about the middle of the metacarpal bones up to the above named attachment, whenever I made pressure thereon. The diagnosis here was clear: some of the muscular fibres of the extensor communis digitorum had given way at the front of its tendinous attachment, and the limb not having had sufficient amount of rest, inflammation had set in and run down these two tendons, and produced fibrinous deposits along their tract, consequently any movement of these tendons caused the peculiar creaking sound. The greatest amount of grating was noticed at the annular ligament, a point it will be recollected where these tendons are lubricated by means of a synovial membrane. I bound the hand and wrist and lower part of the forearm firmly by a few turns of a roller, enjoined rest, and in a few days the case will no doubt be well.

FRACTURES CONNECTED WITH THE UPPER EXTREMITIES.

Fingers.—The phalanges are very frequently subject to fracture, especially in ball-players, and crepitus is always readily discerned where this accident has occurred. They are usually reduced into position very readily, but Dr. F. H. Hamilton mentions a case of overlapping of the first phalanx of the thumb below its middle, which neither the attending physician nor himself could reduce, even with strong extension by means of a sliding noose. Should such an emergency occur, the instrument known as Levis apparatus, for reducing dislocation of the phalanges will come into play, and be more efficient than a simple sliding noose. [*Fig. 1.*] This engraving shows the apparatus as well as its mode, application and use.

All that is required in fracture of the fingers is to prevent overlapping, either laterally or forward, or backward, as this can be prevented by placing the fingers after reduction into a vulcanite splint or pasteboard splint, moulded into a semi-cylindrical shape, and placed on the anterior part of the fingers, while a narrow straight slip of pasteboard, vulcanite, or gutta percha, is laid on the posterior surface of the fractured

phalanx, and the whole retained in position by a narrow roller. The end of the finger is to be watched for days subsequently, to see that it is not bound too tightly, as the feeble circulation in the fingers render them more liable to gangrene than other parts if bound too tightly.

Metacarpal bones.—One or more of these bones will sometimes become fractured by the individual striking another, or a hard object with his fist. They are a little more difficult to diagnose, owing to the support which their arrangement in the hand gives to one another, but by grasping the digital end with one thumb and fingers, and the carpal extremity with the other thumb and fingers, and by making the bending motion of the bones, each one separately, you may readily detect any crepitus should there be a fracture. Never be hasty and give an opinion before you have made such an examination where the injury is in that region. I recall a case while I was a student in which a professor of surgery came near making such a blunder. A clinic case had been sent to him by a medical practitioner, as a case of fracture of the hand. The surgeon made an examination of the painful hand without grasping the metacarpal bones, as I have described, each one individually, and stated that there was no fracture present; the pain he attributed to the bruising and injury of the tendons and small muscles. The patient was dismissed by him, and about leaving the room when he mentioned that he could sometimes feel a grating in his hand, when he was recalled, and a proper examination of each metacarpal bone, revealed a fracture of the metacarpal bone connected with the ring finger.

The treatment of such injuries consists in keeping the hand at rest by placing an arched or straight form of a splint in the palm, and a narrow splint on the dorsal side of the injured bone, and binding the hand up firmly so that the extensor tendons cannot act over the broken part which would otherwise result and cause pain in movement of the fingers and hand were they left loose.

FRACTURE OF THE LOWER END OF THE RADIUS.

With the exception of fractures of the femur, no other one is so liable to perplex the physician in the way of producing

permanent deformity, as the one under consideration. It occurs probably more frequently than any other, and is almost invariably produced by a fall in which the palm of the hand receives the shock or weight of the body, the hand being thrown out involuntarily when one finds himself falling. The break may occur at any point within an inch and a half from the carpal end of the radius, to come under the designation of Colles' fracture ; if it result above this point it is then denominated fracture of the lower third of the radius.

The shape of the wrist in this accident produces such a deformity that the attendant may mistake it for a dislocation at the wrist, or for a simple sprain ; and this is a very unfortunate mistake for him to make. We would on this account urge him especially to be very careful in his examination of injuries in this region, and understand thoroughly the diagnostic signs. If crepitation is present you know at once that fracture has resulted, and by making traction on the hand, and by pronation and supination, while the other hand is placed so as to grasp the radius and ulna at their lower end, you will readily discern from which bone the *crepitus* proceeds; whether from the radius, or ulna, or both.

The principal accident with which fracture of the lower end of the radius can be confounded is a dislocation of the carpal bones backwards. The deformity is much the same in both accidents, and when much swelling has resulted the one is somewhat difficult, upon a cursory examination, to distinguish from the other, unless the crepitus reveals itself, for this never is present in a dislocation, unless fracture be also present in conjunction therewith. There is a bulging backwards of the wrist in both instances, with a somewhat hollowed appearance in front of the wrist. The dislocation makes quite an abrupt distortion, and the carpal bones can be distinctly felt out of position in running the fingers along the back part of the forearm down to the wrist until they come against the abrupt hardened angle of the projecting carpal bones; while in fracture pressure of the fingers in the same direction downwards, toward and over the wrist, gives a much more smooth sensation at the carpo-radial articulation.

Dislocation of the carpal bones forwards, produces such a marked appearance of hollowness at the back part of the wrist, and corresponding bulging in front of the wrist, that it would be almost impossible for any to confound it with a radial fracture. In a simple dislocation backwards, the deformity is easily removed by traction, and does not return when the extension is withdrawn, while in Colles' fracture the deformity returns immediately, or shortly after you stop pulling upon the hand and wrist. In Barton's fracture, that is, where the posterior edge of the articulating surface of the radius is broken off, as will readily be perceived, some difficulty may occur in retaining a replaced dislocation of the carpus backwards, but here you will recognize the fracture by the crepitus that will result in reducing it. Where the styloid process is broken off, or where the apophyses of the radius is broken from the shaft, you likewise have this coarse rasping when sufficient traction backwards or forwards, or sideways, at the wrist is made.

Having then detected the fracture you must then prepare to apply a suitable splint to retain the fractured ends in apposition, and the wrist in its normal situation, for if a simple dislocation only is present no splint will be required after its reduction. This fracture is very difficult to keep reduced so that no deformity will result, while many in attempting to prevent deformity sacrifice the mobility of the wrist joint. Our opinion is that it is much better to secure to the patient good free movement at the wrist in every direction, after a cure is effected with some slight deformity, rather than to have a perfectly straight union with a greatly impaired mobility, or even anchylosis at the wrist. Always be sure then that your fracture is thoroughly reduced before your splint is bound to the forearm, for Dr. E. Moore has shown that in some of these fractures the internal lateral ligament, and the triangular fibro-cartilages are torn considerably, and the styloid process is thrown behind the annular ligament and there caught and held; that is, the ulna is dislocated and is held in that situation by the annular ligament, and he claims that the fracture cannot be reduced until the ulna is freed from this dislocation, and that traction is to be obtained by grasping the hand firmly, then

extending it first to the radial side, then backward to the ulna, and then lastly in the flexed position or forwards, the wrist being held strongly with the surgeons other hand, and that the reduction is known by the presence of the head of the ulna on the radial side of the ulnar extensor.

There is little fear of non-union at this point, hence the importance of securing the fracture is good apposition, and retaining it there straight, for in whatever position it is held during the uniting process, that shape of the limb will be retained permanently, when you remove your apparatus some three weeks after reduction. Therefore never be careless in treating this fracture, and especially should the subject be a woman, that will be likely to wear bracelets subsequently, for an unsightly deformity, in this situation where it will be observed by all the patient's friends, will easily reflect discredit upon the practitioner who may have treated it, notwithstanding, in some cases under the very best management some little deformity cannot be avoided.

Dressings.—The straight splints which keep the hand, fingers, and wrist straight, are now entirely discarded, and a Bond splint, or those that are analogous to it in the principles of application, are now in use.

[*Fig. 2.*]—Bond's splint consists of an anterior piece and a posterior piece, the anterior is seen in the cut with strips of sole-leather to form the sides and a block for the hand to grasp, and be bound to. The posterior splint is of the same shape without the block or edges. As will be noticed the splint is made so as to hold the forearm in its natural position while a convex block is attached to its lower end which accommodates itself to the palm of the hand, so that free motion of the fingers is allowed. With a compress between the radius and ulna, anteriorly, and another posteriorly, the splint is bound to the fore-arm by means of a roller, after complete reduction of the fracture, and of any dislocation that may have been accomplished. There are various other forms of splint for this action, but the one which we prefer above all others is an invention of our own, made out of vulcanized or hard rubber, and adapted to the natural inequalities of the

lower part of the forearm, wrist, and hand, and which is held in position without any bandaging at all. It will be found described, with illustrated cuts, in the *Transactions of the New York Homœopathic State Medical Society for 1870*, as follows:

[*Fig. 3.*] This engraving shows the splints before application and may be used in any fracture below the elbow and above the hand. I will give you the mode of making these splints, although surgical instrument makers can adapt them over a cast better than a physician without one. All the instruments described in these articles can be procured or made up by our cutler, Mr. J. H. Gemrig, 109 S. 8th street, Philadelphia.*

The splints are made of vulcanite or hard rubber, which has the property of lightness, and it is also very strong, even in very thin sheets, aud can, by being heated over a fire, or in the flame of a gas-light (hot water will not soften it, as it does gutta percha), be moulded, after a little experience in the use of it, to suit the conformation of any extremity or other part of the body. When you have given the proper form to the splint, plunge it in cold water, it sets instantly, and becomes hard in the form you have given it.

Adapt the splint to the arm with the thumb pointing upward. Cut a piece of vulcanite long enough to extend from just below the inner bend of the elbow to the tip of the fingers; then cut another to extend from the wrist (carpo-metacarpal junction) to the olecranon process of the ulna; make them in width about one, or one and a half inches wider than the forearm when passed between the splints. Then take the longest piece and heat the upper part, give it a slight curve to adapt it somewhat to the bulge of the muscles of the part; cool it and heat the lower part, continuing the slight curve on each edge, and down to the wrist; bend it at the point where the wrist comes against it, a little inward, while the edge that comes against the metacarpal bone of the thumb should be given quite a flare or bend in the opposite direction to the curve at the upper part of the splint, sufficient to allow the thumb to rest easily and freely against it; then give the whole body of

* Or supplied at manufacturer's prices from the office of this journal.

the remaining lower end of the splint a curve outward, with the extreme end inward, so as to fit the hollow of the hand, when the hand is about half closed. This enables the hand to grasp around the lower end of the splint and prevents its slipping down, even if any such result could follow after a splint is properly curved above, while greater freedom in using the fingers is insured.

Now take the splint and heat it all over, curving the edges inward, while a slight outward flange is given at the wrist; this done, bore a series of holes (with a lathe if you have one in your neighborhood, as it can be accomplished much more quickly than in any other way,) along the under surface of each splint, near the edge, and about three-quarters of an inch, or an inch apart, then make another series of holes along the upper margin, half an inch from the edge, and with a rasp file cut down to them from the upper edge in a V shape cut, leaving a slight hook on the alternate side of each hole; thus making a series of upright hooked projections along the upper margin of each splint.

One hole at the carpal, as well as at the elbow end of each splint on its upper margin, should be left uncut. Next bore three or four holes along the body of the splint for ventilation. In applying it, run a shoe-lace or cord through the holes on the under edge of the splint, and lace it like a shoe, tying the ends of the lace together; then tie a cord about three inches long to the hole at the carpal end of the upper edge of the outer splint, then take a long shoe-lace or cord and tie one end to the holes left at the upper end of the outer splint. The splints are then ready for application.

The same splints can be used on the next fifty or a hundred adult cases of fracture of any part of the fore-arm, simply by changing the curve a little according to the peculiar shape or size of the part.

In putting on the splints, slip the fore-arm between them, take the long loose cord of the upper edge and slip it through the hole at the upper end of the opposite splint, to which it is tied; run it over and around each alternate upright projection, all the way down the splints, tightening them as much as may

be required; finally run the cord through the remaining hole at the lower end, and tie it to the short loose end at the carpal end of the outer splint, and its application is completed.

It can be untied and loosened in an instant and removed, and reapplied in about the same length of time. In compound cases, the arm can be watched during the whole process of uniting. *See Fig. 4*, which shows the piece removed from the vulcanite at the seat of the compound fracture. This is a great consideration for dressing the wound which is accomplished through this opening cut in the splint corresponding to the seat of the injury in the soft parts. In padding the splint, the surgeon's lint will be found as good, if not a better article than cotton.

CONGENITAL ANEURISMAL TUMOR.—J. S. Scott, M. D., Mallorytown, Ont. (*Canada Lancet*, Oct. 1872), reports the removal of a congenital aneurismal tumor from the end of the nose, of a deep purple color, an inch and a quarter in diameter and three-fourth of an inch in thickness—the patient being a male aged 30 years. Pressure was kept upon the arteries supplying the tumor until the wound was dressed. Torsion of the arteries with the pressure of adhesive straps restrained the hemorrhage. The nose was kept in shape by a covering of sheet-lead of proper shape, lined with layers of linen saturated with carbolic acid, one part to five of sweet oil.

DEATH FROM BICHLORIDE OF METHYLENE.—(*Medical Record.*)—At the Middlesex Hospital, London, Oct. 9th, a death occurred from the use of bichloride of methylene. The patient, male, aged 48, with a deep abscess in the buttock, and about to undergo an operation, inhaled about two drams of the anæsthetic and died in one minute. Sylvester's method of artificial respiration and galvanism were resorted to, but without avail.

Aneurism cured by compression, Holthouse's Spiral Spring Extender, Diseased Finger Nail; and others, deferred.

Diseases of Women and Children.

THOMAS NICHOL, M. D., MONTREAL, CANADA, EDITOR.

ON THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

X. ACUTE BRONCHITIS.

Acute bronchitis—also known as "cold" and "pulmonary catarrh"—is one of the most frequent diseases of childhood, often attacking nursing infants. In the eastern part of this Continent it is usually called catarrh, and catarrhal fever, while in the west it is known as *lung fever* and *winter fever*.

Acute bronchitis is an inflammatory affection of the mucous membrane of the bronchial tubes, characterized by cough, hoarseness, difficulty of breathing, with soreness of the anterior part of the chest—the whole accompanied by more or less febrile excitement. In very many cases there are also more or less soreness of the fauces, sneezing with running at the nose, and redness and watery appearance of the eyes. At first the secretion of the mucous membrane is checked, but afterwards it is increased as to quantity, and altered as to quality, and as Dr. Fleetwood Churchill judiciously remarks "those two elements, the inflammation and the secretion, not being necessarily in exact proportion to each other, has led writers to regard the disease either as a simple inflammation or as a catarrh, according to the predominance of either, and occasioned thus estimating the disease as more simple than it is in fact."

Acute bronchitis is often divided into the *mild* and *severe* varieties, but, as a general rule, it does not present the acute and alarming symptoms which mark the sthenic bronchitis of adults, and a better division of the disease is into the primary and secondary forms. The predisposing causes of bronchitis

in general are; age, dentition and everything which impairs the general health. As to age, it is most common in infancy, especially up to the period of the first dentition, and as a general rule, it may be said that primary bronchitis is most common under five or six years of age, while secondary bronchitis is most frequent after that time of life. As to dentition, while the cough of dentition is frequently a purely nervous affection, it is often caused by a low grade of catarrhal inflammation with copious mucous secretion. The chief, and in fact almost the sole exciting cause of primary bronchitis is cold, such as long exposure in the cool air especially in moist weather, the sudden arrest of perspiration and sudden and extreme changes of temperature. In very many cases it is caused by the pernicious nonsense of sending thinly-clad children from heated rooms into the cold and damp of our fall or winter weather. As might be expected, the primary form of this disease is most common in fall and spring, through it is often met in winter especially when the season is mild and moist. Dr. Bernhard Bæhr is almost the only practical writer who doubts the agency of moist cold in causing bronchitis. "A cold and consequent suppression of the perspiration is undoubetdly one of the most ordinary causes, but not quite as common as is generally supposed. The atmosphere doubtless exerts a powerful influence not only in consequence of rapid changes in the temperature, but principally through the changes in atmospheric electricity, and as modern investigations seem to have confirmed, though consequent changes in the amount of ozone in the atmosphere. This becomes so much more probable, if we observe that a large number of cases of bronchitis are not so much caused by a damp and cold, as by a dry and cold wind, such as prevails in our region of country in the summer season, when the wind blows from the northwest and north. If the temperature of the wind were the main cause of the trouble, an east wind would cause bronchitis most easily, which is certainly not the case." Secondary bronchitis is obviously an integral part of the disease in connection with which it occurs. These are, in the order of their frequency, measles, whooping-cough, pneumonia, consumption, typhoid

fever, variola, scarlatina and remittent fever. Dr. J. F. Meigs remarks, "bronchitis causes a larger number of deaths in this city (Philadelphia,) than any other disease of the respiratory organs, with the exception of pneumonia and croup. This is shown by the fact that during the five years from 1844 to 1848, inclusive, there occurred in this city 18,599 deaths under fifteen years of age, from all causes. Of these, 613 were from bronchitis, 756 from croup, and 772 from pneumonia."

The most simple as well as the most common form of bronchitis is that which is developed out of an ordinary catarrh. After this "common cold" has lasted for two or three days, a chill occurs—sometimes severe, but often slight and incomplete—and this chill is followed in a short time by more or less fever. Often the chill will escape observation as the chills of children are by no means as distinctly marked as the chills of adults, but it may be easily detected by noting that the child does not wish to quit the fire, and that if he leaves his warm place distinct shiverings appear. The chill is followed by fever. In the milder catarrhal cases the febrile reaction is slight, but in more pronounced cases of the disease there is a good deal of fever, the face is hot and flushed, the skin dry and burning, the pulse full and frequent, often rising to 140 and even 150. There is almost always from the beginning a certain amount of cough, often slight, rarely paroxysmal, and hardly ever hoarse. Sometimes the cough though frequent is almost painless, and this is often the case when the bronchitis follows or accompanies acute catarrh. At first the expectoration is transparent or sero-mucous, or it may be frothy and of a yellowish hue, but as the malady advances the expectoration is viscid and muco-purulent matter of a greenish or yellowish color. It is rare that the physician has the opportunity of examining the sputa of young children as the matter brought up from the lungs is usually swallowed. The respiration is accelerated and this in exact proportion to the gravity of the case. So long as the larger bronchial tubes only are the seat of the inflammation this acceleration is not very marked, the respirations running from 20 to 35 to the minute, but when the smaller tubes are attacked the respiration is both quickened and impeded, and

the respiratory efforts may number as high as 55 to 65 per minute. In severe cases it will be noted that during respiration the infra-mammary region is depressed, and that there is marked dilation of the alæ nasi. When the patient is old enough to speak, complaints are almost always made of a dull and steady pain in the thorax, usually at the manubrium of the sternum. At first the appetite is unchanged, but as the malady progresses it is impaired, the tongue being slightly furred and coated white. If the patient is a nursing infant, it sucks as usual during the first part of the attack, afterwards, although it takes the nipple eagerly, it is unable to nurse more than a few seconds without throwing its head back and gasping for breath. As a general thing, the bowels are constipated and the urine scanty and red. In younger children a paroxysm of coughing is very apt to end in vomiting of mucus, after which the respiration is easier and the patient regains its cheerfullness for a time. At first the face is flushed, but as the disease progresses the countenance assumes an expression of suffering and anxiety, while the eyes are sunken and surrounded with livid circles. In the advanced stages the lips are pale, but after a fit of coughing they are of a bluish purple hue. All the leading symptoms—the cough, dyspnœa and fever—increase as night approaches, and the aggravation during which the patient is often delirious, is at its hight during the hours from ten at night till three in the morning. There is a distinct but very short remission of the fever in the morning.

In simple uncomplicated cases during the early stage of the attack the percussion is clear throughout, and even when the disease is at its hight the dullness is hardly perceptible. In severe cases, however, there is considerable dullness. On applying the stethoscope—or better still, the ear—to the chest, sibilant and mucous râles are heard in all the larger bronchi, and these râles may often be felt by placing the hands on opposite walls of the chest. As a general rule, the sibilant and sonorous râles are less common than the mucous and sub-crepitant; the dry sounds predominating in the apex of the chest and the moist sounds at the base of the lungs. Dr. Charles

West remarks, that in the adult, a condition such as this would excite but little apprehension, but in the child, it must be borne in mind, that nothing more is needed than a copious secretion of mucus in the bronchi, or a feeble condition of the vital powers, to prevent the air from freely entering the pulmonary vesicles, and thus to induce the collapse of a large portion of the lung. Of course, the sonorous râles are mostly present before mucus is freely secreted, and the mucous râles afterwards.

When the case is about to terminate favorably the fever declines, the respiration becomes easier, and the face loses its anxious look, while the mucous and sub-crepitant râles are lessened and the normal respiratory murmur reappears. If at the same time free secretion from the bronchial tubes takes place, the patient may be considered to be doing well, though it must be remembered that a hacking cough with mucous râles will continue for quite a time after the patient is out of danger. If at any time in the course of the disease the opaque sputa changes to a tenacious water-colored mucus, we may be sure that the inflammation is reappearing in all its original intensity.

Should the case be about to terminate unfavorably, the pulse becomes exceedingly rapid, while at the same time the panting and heaving respiration is accelerated in a proportionate degree, and the depression of the infra-mammary space and the dilation of the alæ nasi, already spoken of, become more marked. Attacks of dyspnœa occur, during which the child is very anxious and restless, tossing itself about in bed, or insisting on being taken out of bed and carried in the arms. The face now becomes cool, livid and puffy, while the anxious look is deepened or gives place to an apathy which is still more hopeless. At last the respiration becomes stertorous and more uneven, the cough husky and less frequent, the pulse thread-like and so frequent that it cannot be counted, and coma or convulsions appear, amid which the child passes away.

As a general rule, the duration of acute bronchitis is governed by the extent of the inflammation, still it is somewhat uncertain owing to the liability to relapses. An ordinary

idiopathic case may last from four to seven days, though the patient will continue to cough a little for some days longer. This cough gradually declines, and as it is loose and painless, the little patient pays little attention to it. Prof. John Scudder, of Cincinnati, thus sketches the course of a typical case of bronchitis :—" By the end of the second day we notice that there is slight secretion of a transparent, tenacious white mucus. This is increased the third day, and by the fourth it commences to assume a yellowish, opaque appearance. Up to this time the secretion of mucus seems rather to increase the cough, as it is a source of irritation and is raised with difficulty. When secretion is fully established we have a moist, blowing sound, or mucus rhoncus, which is very marked. After the sixth day, the mucus becomes yellow and opaque, it is raised with less effort, and the cough is not so hard or so frequent, and respiration is much easier. From this time there is a gradual decline in all the symptoms, and the patient is convalescent from the seventh to the fourteenth day of the disease." As a rule, bronchitis progresses more rapidly in children than in adults. If the disease is about to become fatal, death is likely to take place on the seventh or eighth day, and should the patient struggle on till the tenth day recovery will likely take place if the case is uncomplicated and the strength is at all good. The duration of secondary bronchitis depends entirely upon the nature of the disease with which it is associated, or rather, of which it forms a part.

The large bronchial tubes only are the seat of the form of acute bronchitis most commonly met, and these form the numerous class of what may be called " mucous bronchitis," often successfully treated by domestic homœopathic practice. More severe cases implicate the smaller branches of the bronchial tree. As a general thing, the bronchial tubes of both sides are effected, differing in this respect from many other pulmonary diseases, but it must be noted that the inflammation of the *right* bronchial tubes is constantly more intense than that of the left. The mucous membrane is almost constantly reddened, and this redness varies from a bright red color to a deep modina red, and the tint, in severe cases, is often

violet, purple or even brown. In the milder cases it is arborescent, but in more severe instances it is reddened uniformly or in large patches. Dr. Charles West points out three sources of error which it is essential to guard against when examining the bronchi with reference to this redness. "The first is the occasional disappearance of redness after death, even when the presence of an abundant muco-purulent secretion in the tubes bears evidence to the activity of the inflammatory process; the second is the apparent redness of the smaller tubes in cases where the lungs are congested or inflamed, and which may be due not to the increased vascularity of the bronchi themselves, but to their transparency, allowing that of the subjacent tissue to be seen through them. The third is the occasional staining of the mucous membrane, owing to the transudation of the blood through the coats of the vessels after death." Bouchut gives as a test the fact that in those bronchi with cartilaginous rings the redness is uniformly as intense over the cartilages as in their intervals. "The more asthenic the inflammation, or the more feeble and cachectic the patient, the more livid and purple is the redness." (Aitken.) As a rule, the redness and all the attendant lesions will begin about an inch above the bifurcation of the trachea and terminate on a line with the smaller tubes, sometimes involving the capillary divisions. Ulceration is very rare, but sometimes the mucous membrane of the largest tubes is both thickened and softened, though Dr. S. D. Gross—one of the most accurate pathological anatomists—says that this is rarely the case, and the same writer points ont that the mucous membrane is sometimes augmented in firmness and density, so as to tear no longer with the same facility as in health. In the early stage of the disease there is a determination of blood to the mucous membrane which is dry, swollen and injected, but at this period the natural seeretion of the mucous membrane is almost wholly arrested. This dryness is strictly analogous to the state which results from the arrest of secretion of the schneiderian membrane during "a cold in the head." Following the style of injection and arrested secretion is that of im-

pairment of the circulation with increased secretion. When this second stage has been reached it will be found that the mucous secretion is limpid, transparent and rather acrid; further on it will be of a muco-purulent nature, mingled with epithelial cells thrown off in abundance from the inflamed surface. The color of the secretion is now yellowish, very slightly tinged with green, and it adheres firmly to the surface of the bronchial tube. In the form of bronchitis—happily rarely seen—which I am in the habit of calling pseudo-membranous bronchitis, the secretion of the bronchial mucous membrane has the organization and existence of a real pseudo-membrane, and it may justly be styled a pseudo-membranous croup of the bronchi. I cannot forbear saying that *Kali bichromicum* is emphatically *the* remedy here, and no other in our Materia Medica can supply its place. When the inflammation has been severe the blood-vessels of the sub-mucous cellular tissue are also engorged; and often the bronchial tubes are so flooded with mucus that the air is prevented from escaping, and consequently the lungs do not collapse when the thorax is opened.

T. N.

(*To be continued.*)

SPECULUM EXAMINATIONS.—Dr. Atthill, in his "Clinical Lectures," just published, says:—"I have already told you, that in order to arrive at an accurate diagnosis, it is generally necessary to make a digital examination of the condition of the uterus and vagina, and to use both the speculum and the uterine sound. But in many cases the two latter modes are not only unnecessary, but positively forbidden. Thus, if on introducing the finger into the vagina, you detect cancer of the os uteri, the introduction of the speculum becomes unnecessary, and may be injurious, while the use of the sound is altogether prohibited; or, if on using the speculum, we find the os and cervix uteri to be in a state of ulceration, the symptoms the patient is suffering from will probably be accounted for, and the introduction of the sound into the uterine cavity uncalled for, and therefore to be avoided. So your examination in all cases is to be progressive, the finger always being used in the first instance. Any departure from this course I deprecate strongly."

Provings of New Remedies.

A CONTRIBUTION TO THE PATHOGENESIS OF HELONIAS DIOICA.*

I.

The perpetration of two grevious mistakes has long kept me from communicating this paper, and it is submitted now by way of a public penance.

It was while reading that Helonias "irritates the kidneys to the extent of causing diabetes and albuminuria," that I jumped from my chair determined to try if massive doses would induce such conditions.

The fifteen minim dose of the matrix had no sooner slid through the cardiac orifice than it occurred to me that I should have first determined the daily rate of urinary excretion in my organism, and have obtained a qualitative and a quantitative analysis thereof. As I was not heroic enough to pay the penalty of a "puke," I resolved to content myself with a "proving" which would be only a search for sugar or albumen. This is mistake No. 1. The second is even more condemnable, and it consists in this: That I was thoughtless enough, no, that is too mild, I mean *green* enough to employ an alcoholic tincture in any researches affecting the renal function. I know that far abler than I have made this same mistake, but I also know that their results represent the drug *plus* alcohol, and good company fails to make me any less ashamed of my error: on the contrary, I stand with breeches down, and the smallest boy in the school need not spare the rod.

I come now with my lame results in the hope that even they may incite some one, having leisure, to do rightly that which I have only botched. I also know that even my results are at

* *Continued from Vol. VIII, p. 178.*

the worst alcohol *plus* Helonias, and that they may afford a qualifying comparison for other research.

When this experiment was made I chewed one ounce of tobacco daily, and as I spat freely, from three to four pints of water were drank every day. It was also the rule of my life to have an almost constant rather copious deposit of the amorphous phosphate of lime. Not to observe such a milky discharge in the post-prandial urine was the exception. The urinary reaction was generally faintly alkaline, sometimes neutral, but previous to taking the Helonias I can not remember when I found an acid reaction in even the *urina sanguinis*.

[Pardon a parenthesis while this alkaline urine and this special deposit are traced to a cause which is not, perhaps, so widely known as it should be.

As an excessive tobacco-user, I was often puzzled because I found so few of my "symptoms" in our pathogenesis of *Tabacum*. To be sure, I can find the effects of my first cigar vividly detailed therein, but by far the greater part of the "misery" which I instinctively ascribed to the "divine herb' has not been outlined by Noack and Trinks. When I read the effects of Tobacco on the blood, as detailed by Richardson in his prize essay, *The Cause of the Coagulation of the blood.* * I turned to our proving of *Ammonium carb.* and my tobacco-riddle was quickly resolved. The ammonia of the tobacco alkalised my blood, hence the urinary reaction and the phosphatic deposit. Now it is worth while to think of Helonias in uræmia, for my urine was rendered of a markedly acid reaction by it even while I was consuming my daily ration of tobacco. This fact has a two-fold suggestiveness, first, because Helonias has been recommended in albuminuria, and the relation of this condition to an ammoniacal blood-state is well known: and, secondly, because Helonias is advised in anæmia and chlorosis. The red blood corpuscle presents a crenated periphery in ammonaical blood, and if this fluid be strongly ammoniated, they break up into *debris*, and even melt into a grumous paste. *A priori* one would not expect Helonias to act as an acid, hence chemically, but rather as a modifier of

* *Vide*, p.p. 100, 101, 350.

chemico-vital operations. Are we safe then, in assuming for Helonias a direct action upon the red blood corpuscle? That it can influence the blood-genetic process in certain conditions is undeniable. Of its efficacy in anæmia, and in chlorosis, I have no positive data, but there is one condition of blood degeneration wherein my friend Dr. A. P. Macomber of Hackensack, N. J., employs it with unequivocal benefit, namely: in that profound debility which follows an attack of true diphtheria. The "typhoid" prostration which signalizes this disease hints plainly as to the condition of the blood, and analogy would lead one to say that it is one of super-alkalinity. Richardson has noted that in death by asphyxia "the blood was fluid and contained a large excess of ammonia." Finally Trousseau, citing Drs. Millard and Peters, says: "This blood is turbid and somewhat muddy: the clots formed are soft and somewhat resemble the over-cooked juice of the grape, [*ré'siné' trop-cuit.*"]* It is, at least, possible, that a poverty of the red blood corpuscles as a result of a super-alkalinity of the sanguineous fluid may be the basis of the debility which remains after the adynamic diseases; and it may be that Helonias will do for the red blood corpuscles what the researches of Binz led one to believe Cinchona, or its alkaloid, does for the white ones. I am well aware how fragile these speculations are, and am willing to hold them as lightly as the reader may, but I would emphasize the fact that *Helonias dioica is one of the few agents which can render an alkaline urine acid.*]

The first dose of Helonias was taken at 4 P. M., March 24th. At 10 A. M., on the 25th, the bladder was emptied and *all* the urine passed until the same hour of the following day, was collected and kept in a cool place. The specific gravity of each separate emission was taken, and the *mean* specific gravity of each diurnal cycle was obtained from a sample of the whole mixed quantity.

March 25th. Quantity, 43½ oz. spec. grav. 1.020. reaction, faintly alkaline, color pale yellow, clouded with amorphous phosphates.

* *Clinical Medicine*, Vol. 11, p. 536.

26th. 46 oz. s. g. 1.020 reaction etc., in all respects like urine of 25th.

27th, 39½ oz. s. g. 1.01790. reaction alkaline, amorphous phosphates more abundant.

28th, 11 a. m., 5 oz. s. g. 1.01740. reaction, alkaline, amorphous phosphates abundant. (Henceforth will specify the reaction only when it is *not* alkaline.) 1 p. m., 7⅜ oz. s. g. 1.01330, phosphates visible only on heating urine. 3 p. m. 8 oz. s. g. 1.009, phosphates on heating. 4.50, p. m., 7¾ oz. s.g. 1.00980, no phosphates. Night and morning urine 29 oz. s. g. of morning emissions, 1.01240, just perceptibly clouded with phosphates. Whole quantity for 24 hours 57⅛ oz. mean s. g. 1.015.

29th, 11.35 a. m., 5¼ oz. s. g. 1.01490, phosphates visible by heat. 1 p. m., 13 oz. s. g. 1.00880, watery, no phosphates. 2 p. m., 7¼ oz. s. g. 1.00680, so like water it is scarcely colored. 3 p. m., 3⅜ oz. s. g. 1.01260. 5.30 p. m. 5¼ oz. s. g. 1.01560. Clear when passed, phosphates percipitated when it had cooled. 9.35 p. m., 7⅞ oz. s.g. 1.02030. 7 a. m., (morning of next day) 14¼ oz. s. g. 1.01450, no phosphates. Whole quantity, 56¼ oz. mean s. g. 1.01650, reaction *neutral.*

30th, 9.20 a. m., 2⅛ oz. s. g. 1.01870. 11.15 a. m., 3 oz. s. g. 1.01940. Phosphate visible. 12 m., 3¼ oz. s. g. 1.00890. 1 p. m., 9¼ oz. s. g. 1.00670. 2 p. m., 5⅛ oz. s. g. 1.00840. 5.15 p. m., 4½ oz. s. g. 1.01532. On retiring 7¾ oz. s. g. 1.01810: on rising (31st,) 12½ oz. s. g. 1.018. whole quantity for 24 hours, 47½ oz. mean s. g. 1.014. The reaction of the 9 a. m., urine was neutral; that of 11.15 a. m. faintly alkaline, each succeeding emission unmistakable acid. On mixing the whole quantity it gave an acid reaction.

31st, 10.40 a. m., 3¼ oz. s. g. 1.01690. Reaction neutral. No phosphates. 12.20 p. m., 5 oz. s. g. 1.01950. The last third of the emission milky with phosphates. 3.30 p. m., 5 oz. s. g. 1.02010. 6.30 p. m., 4½ oz. s. g. 1.020. On retiring 5⅛ oz. s. g. 1.02430. Morning urine (April 1st,) 6½ oz. s. g. 1.02230: Reaction, strongly acid. Whole quantity 24⅜ oz. Mean s. g. 1.02032: reaction of mixed urines just acid.

April 1st, 10.45 a. m., 4 oz. s. g. 1.01830. Reaction, neutral

4.45 p. m. 10⅜ oz. s. g. 1.01650: phosphates abundant; last of discharge milky. 6 p. m., 8½ oz. s. g. 1.01290. Urine at night, 6⅜ oz. s. g. 1.02140. Morning urine, (2nd.) 8 oz. s. g. 1.02090. Whole quantity, 37¼ oz. Mean s. g. 1.017, reaction, faintly alkaline.

2nd, 11 a. m., 4⅜ oz. s. g. 1.01730. 11.30 a. m., 2¾ oz. s. g. 1.01910: phosphates very abundant. 2.30 p. m., 7¾ oz. s. g. 1.01850. 6.45 p. m., 8¾ oz. s. g. 1.01850. Night 9½ oz. s. g. 1.01550. Morning, (3rd.) 9¼ oz. s. g. 1.01930. Whole quantity, 42⅜ oz. Mean s. g. 1.01716.

3rd, Until 4 p. m., 40½ oz. s. g. 1.00870. 6 p. m., and night 24 oz. s. g. 1.011. Morning, (4th.) 81/2 oz. s. g. 1.01650. Whole quantity, 73 oz. mean s. g. 1.01350. reaction faintly alkaline.

4th, Until noon, 23⅛ oz. s. g. 1.01170. 7.15 p. m., 10 1/2 oz s. g. 1.01610. Night 5¼ oz. s. g. 1.020. Morning, 9 oz. s. g. 1.01750. Whole quantity, 47⅞ oz. Mean s. g. 1.013.

5th, 11 a. m., 4 oz. s g. 1.01632. Reaction, faintly acid. 2.30 p. m., 10 oz. s. g. 1.01530. Reaction, neutral. 5.30 p. m., 6⅛ oz. s. g. 1.016. Reaction, acid. Night 51/2 oz. s. g. 1.021. Reaction, acid. Morning 11 oz. s. g. 1.01590. Reaction, acid. Whole quantity, 36⅝ oz. s. g. 1.017. Reaction acid.

6th. 12.45 p. m., 7¾ oz. s. g. 1.01860. Reaction acid, bu boiling gives a faint percipitate of phosphates. 4.45 p. m., 6⅝ oz. s. g. 1.01470. contains phosphates. Night 8¼ oz. s. g. 1.02090. Morning (7th,) 11 oz. s. g. 1.020. Whole quantity, 33⅝ oz. s. g. 1.018. Reaction, acid.

I have given this monotonous record almost solely for the sake of calling attention to the acid reactions which obtained. The notes for the remaining six days contained no essential data; but it will be well to state that the last acid reaction was observed in the morning of April 9th., after which time the faintly alkaline reaction supervened and continued so long as the urine was under observation.

The following tables are submitted with a keen regret that many of their *data* are so imperfect, and in hope that with all their incompleteness, they may still be of use for comparison

with future research. The solids are calculated from Christison's formula; the urea from Parkes'. Various circumstances made this course imperative, and the conclusions are offered only as approximations.

TABLE I.

DATE.	DOSES. TINCTURE.	RESINOID.
March 24, 4 p. m.	M. 15	
" 25, 12 m.	" 30	
" 25, 3 p. m.		gr. 1
" 26, 11 a. m.		grs. 2
" 26, 4.20 p. m.		" 4
" 27, 3.20 p. m.		" 12
" 28, 10.30 a. m.	" 120	
" 28, 3.45 p. m.	" 240	
" 29, 12 m.	" 480	
" 30, 11 a. m.	" 540	
7 Days	M. 1425	Grs. 19

TABLE. II.

DATE.	URINE. OZ. DRMS.	SPEC. GRAV.	UREA. GRS.
March 25,	43 4	1.020	530.7
" 26,	46	1.020	561.2
" 27,	39 4	1.017	390.5
" 28,	57 1	1.015	478.8
" 29,	56 2	1.012	281.
" 30,	47 4	1.014	338.5
" 31,	24 3	1.020	298.9
April 1,	37 2	1.017	372.
" 2,	42 3	1.017	423.
" 3,	73	1.013	416.1
" 4,	47 7	1.013	322.9
" 5,	36 5	1.017	366.
" 6,	33 5	1.018	365.7
" 7,	33 1	1.016	304.6
" 8,	54 5	1.015	458.6
" 9,	57 2	1.013	324.9
" 10,	40 4	1.018	442.
" 11,	57 2	1.013	324.9
" 12,	54 4	1.014	386.8
Total.	882.2		7511.88
Daily average:	46.347	1.01571	395.36

TABLE III.

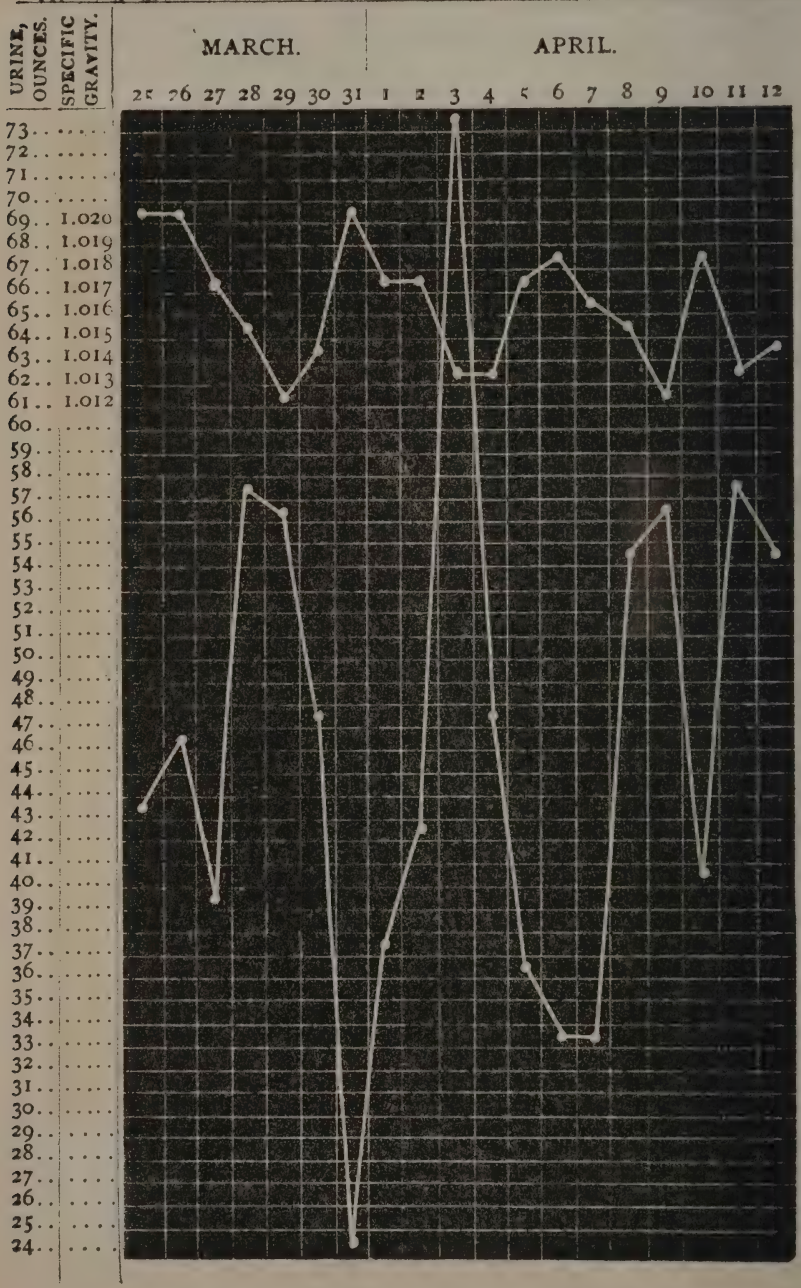
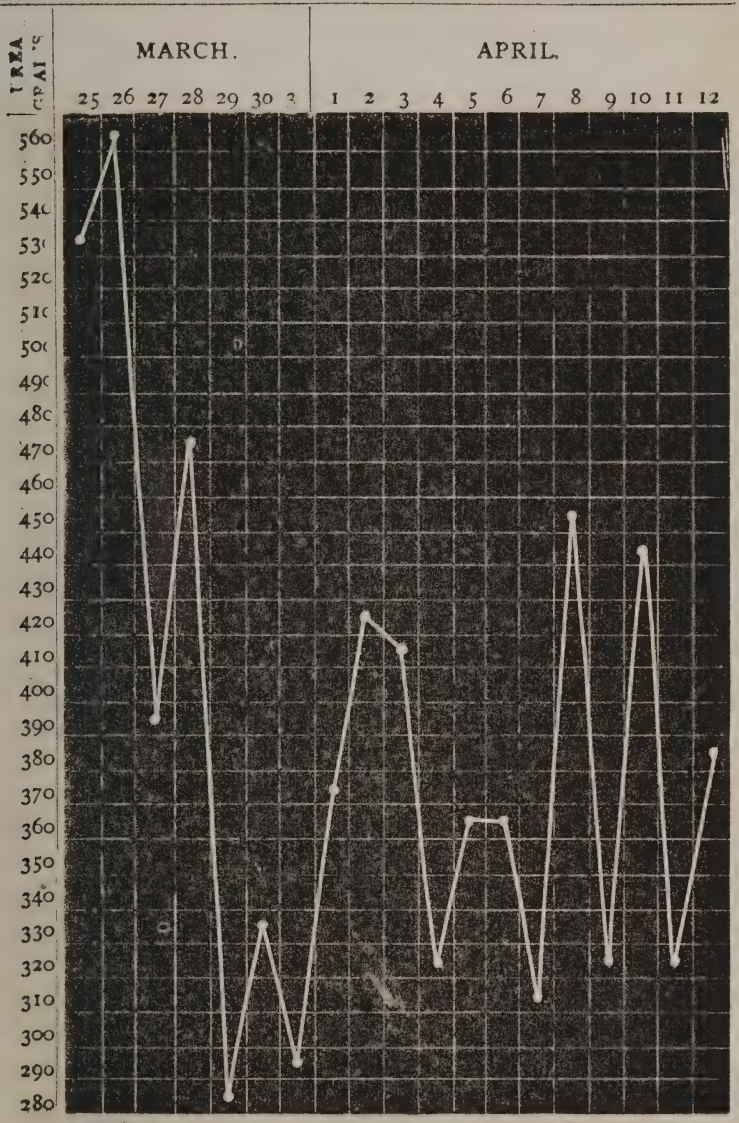

URINE, OUNCES.
SPECIFIC GRAVITY.
MARCH.
APRIL.
25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12
73
72
71
70
69 1.020
68 1.019
67 1.018
66 1.017
65 1.016
64 1.015
63 1.014
62 1.013
61 1.012
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24

TABLE IV.


MARCH.
APRIL.
25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12
560
550
540
530
520
510
500
490
480
470
460
450
440
430
420
410
400
390
380
370
360
350
340
330
320
310
300
290
280

The design of this whole experiment was, if possible, to induce saccharine, or albuminous urine. From the specific gravity it will be seen that there is little chance of finding either. The test by heat alone would have led to the supposition that albumen existed, from the flocky curdling of the phosphates, but nitric acid never gave an albuminous precipitate.

The sugar was sought for with Fehling's test *freshly prepared* and invariably with negative results.

The urine was carefully examined with the microscope throughout the whole research, and the results show that the action of Helonias upon the kidney is purely functional. There is no evidence of any epithelial desquamation, or degeneration, and Helonias as a renal remedy may be classed with Cantharides, but not with Arsenic, or Phosphorus. This conclusion by no means negatives the possible usefulness of Helonias in cases of albuminous urine. Renal hyperæmia alone can give this condition; hence the possible efficacy of Helonias.

So far as my experiment is concerned, these three facts are sufficient to justify the job: the other fact that Helonias can render a neutral or an alkaline urine acid is a clear gain. The means for doing this are so few, and the demand for doing it in overworked business men is so frequent that we may extend a welcoming hand to the Helonias dioica. I think this end must be sought through the agency of large doses. If the advocates of *the minimum dose* will show me a better way, I as a homœopath am bound to accept it. I know not such a way now, having vainly sought for it, and vainly had it sought for in my own case.

In endeavoring to estimate the other very questionable results of this imperfect research, I will consider the quantity of the urine, the specific gravity, and the urea eliminated.

I think it must be allowed that Helonias is somewhat diuretic, a daily average of 46.347 ounces is certainly a *plus* for one of my stature and weight. I do drink water freely, but I "chew tobacco," and my spittoon will testify that the salivary glands do extra duty. I think the primary action of Helonias is to

reduce the renal excretion. When this remedy is in full action the kidneys have an even burning feel, and they ache—evidence, I take it, of venous congestion: retarded blood-flow, hence the urinary *plus*. If this be true, then Helonias promises well in diabetes insipidus.

On March 28th, 29th, and 30th., 1380 minims, in all, were taken. A glance at Table III, will show the effect upon the renal excretion. It decreases from 57 1/2 oz. to 24 oz. 3 drms. Three days time are required with the doses taken. Then the drug is suspended, and in the next three days the quantity of urine increases from 24 oz. 3 drms. to 73 oz.—a *plus* of nearly 50 oz. On the following day it falls from 73 oz. to 47 1/2. Such variations are beyond even the maximum of physiological oscillation.

On the 26th, I dined at 12, emptied the bladder at 1 p. m., and again at 2. The rate of excretion was 2 1/4 oz. in an hour. On the 29th, I repeated this process, and found the rate to be 7 1/4 oz. in an hour. On the latter date, at 12 m., I had taken 480 minims of the tincture. Possibly this phenomenon of renal stimulation may be ascribed to the alcohol. Consult Simon's *Animal Chemistry*, Vol. II, p. 339. However, as the tincture was diluted with thrice its quantity of water, it is as probable that the stimulation is due to the Helonias.

According to Böcker and Hammond, alcohol lessens the water of the urine, and this must be borne in mind in estimating the downward slope of the *quantity line*, (Table III,) for the 29th, 30th, and 31st. The decrease begins on the 29th, and reaches the minimum on the 31st: the whole quantity eliminated being 128 1/8 oz. The increase begins on April 1st, and reaches the maximum on April 3rd: the whole quantity 163 1/4 oz. *The "reaction" is plus.* These quantities added, give 48.55 oz. as the daily mean—another *plus*. As a like quantity of water was drank daily, and as no change in the temperature of the weather occurred to explain this *plus* by skin-action, I am disposed to ascribe it to the drug.

If we assume 45 oz. as my daily rate of excretion, which is certainly liberal, we shall find that nine of the nineteen days give a quantity below this, while the remaining ten are above

it. The nine minimum days give as a total 350⅞ oz. which is 38 3/10 oz. *per diem*. The ten maximum days give 551⅜ oz. 55 13/100 oz. daily. If we take enough from the maximum, ten day's quantity, to bring the minimum nine day's quantity up to the mean of 45oz. *per diem* we still have left a *plus* of 46⅜oz.

That Helonias is a *diuretic* in the same sense as Apocynum cannabinum, I am not prepared to affirm—that it is a renal stimulant, I think may be safely assumed. Let not the term *stimulant* mislead. The Helonias renal stimulation is a condition of debility—*venous paresis*, the result of previous arterial tonic contraction. *

Helonias lowers the specific gravity. A mean of 1.01571 for nineteen consecutive days is not normal. Suppose that, on account of the experimenter's sedentary habits, we assume 1.018 as the normal specific gravity of his urine, we then find that under the Helonias action it is for fourteen days of the nineteen below this, and that for seven of these fouteen days it is at 1.014 for two, 1.013 for three, and 1.012 for two. A glance at Table III, will show that the depression of the specific gravity is not directly dependent upon the quantitity of urine excreted. On different days we have 73.572 and 47.7 oz. each of 1.013 s. g. 46,43.4 and 24.3 oz. of 1.020; 42.3, 39.4 37.2 and 36.5 oz. of 1.017. The consideration of this leads us to the urea.

It is in regard to this substance that I feel most keenly my lack of *positive data*. In lieu thereof I can only state explicitly how the approximative urea quantities of Table II, were obtained, and leave the reader to judge of their validity.

Prof. Haughton has published tables by means of which the urea is determined from the mean specific gravity of the whole quantity of urine eliminated in twenty-four hours. † His method is inapplicable to any urine containing albumen or sugar; and as I was confident of their absence in the Helonias urine, I followed his formula.

---

* For the most plausible hypothesis yet offered in explanation of the rationale of this, I refer the reader to the *Monthly Microscopical Review*, Vol. VIII, p. 4 : Vol. VIII, p. 173.

† *Dublin Quarterly Journal of Medical Science*, Vol. XXVII, p. 374.

This result was tested by Parker's "Empirical Fœmula:" the weight of the individual × 3.53 = "physiological amount" of urea he will excrete in 24 hours. My mean then would be 112 × 3.53 = 395.36 grains.

It is a curious coincidence that this quantity should exactly equal that noted as the daily average in Table II; but in applying Parker's formula I deem it necessary to make his specified deduction of one-eighth for *moderate diet.* Therefore, 395.36—49.42, = 345.94 grs, my probable daily rate or "physiological amount." As the daily average, according to Table II, exceeds *this* "physiological amount" by nearly 50 grains *per diem*, one would say that the primary action of Helonias is to increase the elimination of urea. A glance at Table II, will show that on only seven of the nineteen days did the urea fall below the daily rate of 345.94 grains; and the greatest *minus* will be found to coincide with the days in which a great amount of alcohol was taken. In three days, 28th, 29th, 30th, 1380 minims of tincture were drank, and in the urine of the 29th, 30th, and 31st, the effect of the alcohol is shown in a *minus* of 130.58 grs. of urea. On twelve of the nineteen days there is a *plus* of urea which extends from 9.76 to 215.26 grs. daily. So far, then, as these data go we must believe that Helonias, primarily increases the elimination of urea.

Now let me say that if ever an argument is wanted for small doses in proving this very Helonias job is a contribution in that direction. The quantities I took were an outrage upon my organism, and *the* action of Helonias may not be determined from such doses. We have just reached the seeming conclusion that Helonias increases the elimination of urea, but *I believe this to be a fallacy which is due solely to the size of the dose.*

In my day-book (this Journal, Vol. VII, p. 181) I wrote; "In the latter end of May I became 'bilious,' sleepy during the day, head dull and stupid, poor appetite, food had no taste etc." This I take to have been *the* action of Helonias, and at this time an examination of the urine would have shown a *minus* of urea. Let this remedy be proven in dilutions, say

6th to 30th, and I am confident that a *urea-minus* will be demonstrated by quantitative analysis.

Taken in equal quantities *Helonias dioica* is the direct opposite of *Thea chinensis*, *Coffea*, and *Erythroxylon coca*. In their primary action they retard the disintegrative processes; Helonias dioica does the same secondarily.

IV.

Will Helonias dioica find a place in the treatment of Bright's disease; in albuminuria, in diabetes mellitus? This experiment certainly failed to educe sugar; indeed, the specific gravity tended to recede from rather than approximate that of saccharine urine. The urinary flux seems to have been that of venous hyperæmia, and at the farthest I should feel disposed to rely upon this remedy only in D. insipidus dependent upon congestion of the lower third of the medulla spinalis.

Albumen was also sought for in vain, but perhaps a venous congestion *une degree de plus* would have given that as a resultant. With Helonias subjective symptoms I should most confidently rely upon it despite this objective hiatus.

In Bright's disease with desquamated epithelia and "casts," I would not dare to venture with it. The *urea-minus* in Helonias urine is not traceable to impaired renal function; it is a result of an impeded tissue disintegration, and this condition is not to my knowledge, an element in the etiology o Bright's disease. I doubt if a tendency to Bright's disease is detected early enough to warrant a resort to Helonias and yet I can conceive of a condition, a pre-desquamative stage wherein, from subjective symptoms, I should employ it. It was lately my lot to diagnosticate morbus Brightii in one very near to me. [It followed an intermittent fever which was treated with Lycopod. 200; and in my poor opinion, the ægis of an antipsoric is *vulnerable*, and the sulphate of Quinine isn't half as black a devil as some of my best friends have painted it.] Under a course of Arsenicum the cell-elements disappeared from the urine. Then Helonias was exhibited for the following symptoms: restlessness, constant "fidgetty" desire to be doing something, low spirits, burning aching in lumbar spine, frequent profuse urination, urine pale yellow, s. g. 1.013, re-

action faintly acid ; obliged to get up two or three times every night to urinate, debility, easily fatigued, palpitation from going up stairs ; she feels her weakness less when she is at work ; evenings, a sensation as if a cold wind was blowing up the limbs from the heel to each popliteal space, appetite poor, bowels relaxed but not to diarrhœa, sleep somewhat difficult and not refreshing." The improvement under Helonias is gradual but unmistakeable. In a similar ante-desquamative state I should feel justified in relying upon this remedy.

I have said in the introduction to this paper that it is worth while to think of Helonias in uræmia, and I must confess that I lack the knowledge to either withdraw, or else to emphasize the hint. From my interpretation of the action of Helonias in decreasing the elimination of urea, I should expect this drug to produce uræmia not from epithelial degeneration, but by the pressure resulting from intense venous congestion. Now Helonias could be of use here only secondarily—that is by reducing the congestion it would remove the condition giving urea in the blood. But remedies which, as a result of their action, induce that chemico-vital accident, uræmia, are not necessarily indicated in the uræmic explosion. Then we have had the conversion of urea into carbonate of ammonia, and that Helonias may act beneficially in an alkaline blood condition is simply a hint which I can neither retract nor substantiate. God knows that in such an hour of fiery trial we need every hint, and I submit this poor thing, born of analogy, with a humility which I learned when I had to give my own child back to God.

Helonias changed my own tobacco-alkalised blood. I think not chemically, as acid and alkaline, but by a so-called catalysis. In uræmia a catalytic change is the only anchor of our hope, and this remedy has shown itself capable of this in the instance given.

I am disposed to think that the grand sphere of Helonias action is to be found in the trophic nerves of the vegetative system, hence it acts upon the sluice-gates of nutrition. It is never a direct tissue-irritant like Arsenic. Its mode of action can be best conceived by considering the difference betwene a

gastritis produced by Belladonna, and one brought on by Arsenic: the first is induced remotely through the circulation; the other directly in the tissues.

In its action on the medulla spinalis we have only congestion from vaso-motor paresis. It probably differs from Nux vomica in lacking the hæmorrhage which attends that drug.

In the nutrition change effected by it, I incline to the opinion that it influences blood-genesis. Its value in post-diphtheritic debility, anæmia, and in chlorosis hint that we shall probably be safe if we look in the direction of the red blood-corpuscle as the theatre of its action.

When we survey its whole field of action we are led to conclude that its primary effects are upon the blood *quantitatively* through the trophic nerves; that its secondary and lasting effects are upon the blood *qualitatively* through nutrition change.

It asks a *real* proving from those who are capable, and when the organism is interrogated *with doses that will be tolerated*, the replies will give a proud place to Helonias dioica. S.A.J.

HELONIN.—I prescribed for a lady patient, suffering from uterine atony, and a group of symptoms connected therewith, *Helonias* 1/100 trituration, two grains three times a day. In a few days she came to me complaining of an entirely new and annoying symptom, namely: *An intense irritation of the external labia and pudendum, which were puffed, hot, red, and burned and itched terribly.* So intense was this irritation that she could not prevent herself from scratching with her nails until the surface bled. Every morning the cutaneous surface would fall off in thin, transparent exfoliations. The *mucous membrane of the labia was red, swollen, and covered with a white, curdy deposit, like aphthæ.* Urination was very painful, on account of the scalding sensation as the urine passed over the denuded mucous membrane; *no sexual excitement was present;* the speculum showed the inflammation to reach one-third the length of the vagina. I suspected that the *Helonin* had something to do with the attack, and ordered the medicine suspended. Prescribed a lotion of *Borax*, and, in a few days, the irritation disappeared, and with it many of the symptoms for which *Helonin* was prescribed. E. M. H.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

AMERICAN OBSERVER FOR 1873.

At the close of this year, being the tenth volume, we expect to print a *complete classified index* of the whole series which will add to the value of the journal as a work of reference.

We hope for such success in obtaining a large increase of our subscription list that we shall be able to pay for acceptable contributions. Good writers should be paid liberally for their labors. At present all that we can promise is to send the Observer (complimentary) to all who write regularly for our pages. If each of our present subscribers will send us one more cash subscription we shall be able to do more.

The subscription price for "The American Observer" for 1873 is

TWO DOLLARS AND FIFTY CENTS,

payable in advance. If the amount is sent before 1st of February, we will return a receipted bill, and send free a copy of Ruddock on Consumption, Hill's Epitome, or Douglas on Homœopathy, which ever may be preferred.

FOR THREE DOLLARS AND FIFTY CENTS

The Observer for 1873 and an unbound copy of the Observer for any previous year since 1864, which unbound copy will be sent promptly by mail prepaid.

FOR FOUR DOLLARS

Two copies of Observer for 1873 to any address; or, one copy for 1873 and one copy of any previous year since 1864, unbound; or, one copy of the *Observer* for 1873, "*The Christian at Work*," "*Good Morning* and "*Carlo in Mischief*," and the two chromos:

FOR FIVE DOLLARS

We will send two copies for 1873, and a bound copy of "The Christian Unionist," 252 pages; or we will send one copy of Observer, one copy of "Eclectic Weekly and Christian at Work," and the four chromos—"Good Morning," "Carlo in Mischief," "Spring Flowers" and "Summer Flowers."

FOR FIVE DOLLARS AND FIFTY CENTS

Three copies of Observer, or one copy of *Observer* and six chromos:

Six Splendid Chromos for Every Subscriber.

Arrangements have been made by which we can offer a year's subscription to The New York "Christian at Work and Eclectic Weekly," with their six magnificent Chromos: "Good Morning," "Carlo in Mischief," "Spring Flowers," "Summer Flowers," "Awake" and "Asleep," together with our own journal for five dollars and fifty cents.

As the Chromos alone are fully worth the $5.50, and as the New York publication is every way first-class, it presents an unusual opportunity to our subscribers. The Chromos are made by Prang and other celebrated artists, and will be forwarded promptly by mail prepaid.

FOR SIX DOLLARS AND FIFTY CENTS

We will send one copy of Observer for 1873, and also, postage prepaid, one copy of "New Remedies," third edition, just published.

FOR SEVEN DOLLARS.

Four copies of Observer for 1873, or for any year since 1864.

FOR EIGHT DOLLARS

We will send two copies of the Observer for 1873, or for any other year, since 1864, and one copy of "New Remedies," or five copies of Observer to any address desired.

FOR TEN DOLLARS

We will send one copy of "New Remedies," two copies of Observer for 1873, two copies for any previous year since 1864: or six copies of Observer for 1873, or for any previous year since 1864.

FOR FIFTEEN DOLLARS

We will send Observer for 1873, one copy of "New Remedies," new edition, and one set of Observer since 1864, unbound.

FOR TWENTY DOLLARS

We will send two copies of Observer for 1873, two copies of "New Remedies," new edition, and one complete set of Observer since 1864, unbound.

FOR TWENTY-FIVE DOLLARS

We will send ten copies of the Observer for 1873 to as many different addresses, and give a complete set of the Observer since 1864.

☞ We will allow one dollar for the numbers of Observer for 1864, or 8 cents each for any numbers for that year in order fit for binding.

UNIVERSITY OF MICHIGAN.

The University is in need of money and is about applying to the Legislature of this State for the aid required. The Board, by its committee, (Regents Thos. D. Gilbert and Hiram A. Burt,) has prepared a memorial which sets forth the fact that the income of the University has been inadequate to its needs. The memorialists state:

"In response to a petition from the Board of Regents, the Legislature at its session in 1867, ordered a tax of 1/20 of a mill on the dollar of the taxable property in the State to be levied for the use of the University. On the then existing valuation of the State, this tax produced a little more than $15,000 per annum, but the grant was encumbered with a burdensome proviso relative to the introduction of homœopathy into the Medical Department of the University, and the Regents, acting as they supposed in the interest of the University, suspended action on the subject until the Legislative session of 1869, when the proviso was repealed. At that session, however, the form of the tax was changed from 1/20 of a mill to a fixed sum of $15,000 per annum, and it is this change that has compelled the Board of Regents to apply again for assistance."

After statement of receipts and expenditures of the University for the year ending June 30, 1872, they ask an appropriation of $13,000 to $15,000, and a restoration of the 1/20 of a mill on the dollar of the taxable property of the State: and finally state:

"*The Regents assume that the people consider the University theirs and wish to have it maintained substantially free.* If so, nothing less than what is here asked for will enable us to maintain its high position and provide University advantages for the sons and daughters of the State."

We italicize the last sentence but one of the Regents memorial, as we think it necessary that the Regents should not merely "*assume*" that the people of Michigan consider the University "*theirs*," but act in full consciousness of the fact.

The People of the State of Michigan have decided that Homœopathy shall be taught in their University. The Regents say it shall not. Here is the most direct issue. To whom does the University belong? The Regents answer, "*The*

People." The People, by their Legislatures, have again and again said : "*It is our will that Homœopathy shall be taught in our University.* They tell the Regents, "*Obey our law.*" The Regents excuse themselves on the ground of the incompatibility of opposing medical systems. The objections as to the practicability of teaching both homœopathy and allopathy in one University has been demonstrated, but they will not obey the law. When it is urged, they say the Legislature has no right to dictate to them. They talk of "Legislative interference with the conduct of the University," etc., etc.

The homœopathists of the State of Michigan, although conscious of the fact that the Regents have no more right to exclude homœopathy from the University at Ann Arbor than they would have to exclude allopathy ; that the People's University can not be rightly used to foster any monopoly ; yet they have expressed their willingness to meet the Regents in their views of expediency. When the Board signified its willingness to conduct a branch of the Medical Department of the University of Michigan as a homœopathic school of medicine, they offered to consent to such an adjustment.

The homœopathists ask to have the chair of homœopathy, created by law in the University at Ann Arbor, filled by a competent professor of their school, or to have equivalent advantages, in connection with the University, elsewhere. They will insist upon one or the other. They cannot be snubbed into silence. The conflict will be irrepressible until settled on principles of justice and equity. They have rights which even the Regents are bound to respect. When the Regents go before the Legislature of the people, they will be met as before by the legislators : "When you come before us for relief you must prove that you will regard our laws. If we pass a law to-day, in relation to the University will you obey it ? Will you go over the statute book and select which of the laws respecting the University you will regard and which you will disobey ? Is it safe for you, Board of Regents of the University of the State, to set such an example to the students !"

The homœopathists of Michigan are not opponents of the University; they are its best friends. They are the largest

contributors as tax-payers to its support. They would not willingly obstruct the Regents in their conduct of the Institution for a single day. They know they are not merely claiming personal rights when they demand representation in the University of the People. They know homœopathy will yet be taught in the University, and that the sooner the Regents recognize the fact the better it will be for them, for the University, and for the whole people.

In view of the circumstances, a large number of the homœopathic physicians of the State have signed the following petition, which will be presented to the Legislature :

To the Honorable The Senate and House of Representatives of the State of Michigan.

Whereas the Legislature of this State did in the year 1855 pass an act, creating a chair of Homœopathy in the Medical Department of the University at Ann Arbor. And whereas the Regents of the University have been repeatedly petitioned and urged to comply with the provisions of such act, and have persistently refused as being incompatible with the best interests of the University. Two applications have been made to the courts for a mandamus which have failed. And whereas the Regents have signified their willingness to establish a Branch Homœopathic Medical department, outside of Ann Arbor, when authorized by law to do so.

Therefore we the undersigned Homœopathic physicians of the State of Michigan, do petition your Honorable Bodies to pass a law authorizing the Regents of the University of Michigan to establish a Homœopathic branch of the present Medical department in which Homœopathic Medicine in all its branches, together with its collateral brances of Anatomy, Physiology and Chemistry, shall be taught; such Branch Medical Department to be located at such place outside of Ann Arbor, and within the State of Michigan, as will appropriate the largest sum in money, or its equivalent in aid of such Homœopathic Branch. *Said branch medical department to be under the control of the Board of Regents, and its Diplomas signed by the President of the University.*

We further pray your Honorable Bodies to make such appropriations of money as will enable the board of Regents to carry into effect the provisions of such law without using therefor any of the present resources or funds of the University ; and your petitioners will ever pray.

AMERICAN OBSERVER, 1873.

ILLUSTRATED ARTICLES.—Our January numbers have generally been the poorest of the year. We never liked to send out the first number of the year as a *sample*, having it superior to our expectation of succeeding issues. Is this number better than former ones? Those to follow shall far excel. This is well illustrated, other numbers will have still finer illustrations. Engravings for this number cost as much as it would to set up type for 24 extra pages. We are aware that these illustrations have been appreciated, and we hope to continue them.

Clubbing with other Journals.—Only two dollars will be charged for the *Observer* when another magazine is wanted, and the subscription price of both is paid to us before 1st of February.

What constitutes a Subscription.—In the absence of notice to discontinue, all our old subscribers are reckoned as subscribers for 1873. Some have complained when we have marked off their names because they were owing for more than a year's subscription. Others will pay for one year and take it regularly month by month for another year and then say they only subscribed for one year, and we should have stopped it at end of time paid for. We tell such an one that taking a journal regularly from the Post Office is just as much a subscription as if the person signed a formal paper regularly declaring himself to be a subscriber for the year.

We wish to do justice by every one, but shall not try to please all. Ten years of editorial experience will probably enable us to conduct the journal to the satisfaction of all reasonable minds.

The price is $2.50, and we know we can give a journal worth more to all our readers. If any think it is not worth $2.50 to them, they will much oblige us by returning this number with name and address marked "Declined."

Extra Copy for One dollar and fifty cents.—Any of our subscribers desiring an extra copy for his student, minister or friend, can have such extra copy for $1.50, making the amount to be remitted for his own subscription ($2.50,) and the extra copy ($1.50,) $4.00 in all.

Book Notices and Reviews.—We are obliged to defer to the February number.

European Correspondence.—We have received from Dr. Bacon a letter of great interest, "An hour with Prof. Joseph Hyrtl," which will appear in our next issue.

Remittances—Should be made by Postal Money Orders whenever practicable. Postmasters charge only 5 cents for orders less than $10, and this can be deducted from the remittance. If yours is not a money-order office you can send in registered letter. We do not take the risk of bank-notes sent by mail in unregistered letters.

NEW REMEDIES—*Third Edition.*—The publication of this work has been delayed by including an Appendix and Clinical Repertory. Several

engravings have also been added, and other illustrations which will increase the value of the book, but no change will be made in the price. Our book-binder will be able to furnish bound copies by January 10th. Price by mail prepaid is $5, or with the Observer for 1873, $6.50.

LODGE'S HOMŒOPATHIC PHARMACY, *Detroit, Michigan.*—As some have understood because this Pharmacy was offered for sale that its business has been falling off; we think it necessary to state that there was *a large increase for the year 1872.* It is still offered for sale on very liberal terms, but customers may feel assured that it will not be disposed of to any incompetent person. To one properly qualified, who will come with undoubted recommendations, good terms will be offered. We have conducted this business for about fourteen years, and it has now a trade of regular customers who purchase their supplies for cash.

The *American Observer is not offered for sale.* We expect to conduct it as heretofore, and in selling out the Pharmacy hope to be able to give it more undivided attention.

Letters of enquiry should be addressed: E. A. LODGE, 57 Wayne St., Detroit Mich.

EQUINE INFLUENZA.—In the "Sydenham Society," Transactions for 1852, p. 374, the *Annals of Influenza* are summarized thus:

"The poisonous influence has not been confined to the human species. In this respect, influenza is not peculiar. The plague described by Homer, first broke out amongst the dogs, then seized the mules, and lastly made its attack on man; and it is natural that animals constantly exposed to the weather should be subject to diseases connected with atmospheric distemperature, but in no disease is this kindred liability more manifest than in epidemic catarrh."

"Cows and horses have especially suffered, as is observed in the epidemics of 1733, 1737, 1743, 1803, 1831, and 1837."

"Dogs, cats, deer, sheep, and swine have not enjoyed any immunity; poultry also, and even fish, seem occasionally to be affected with the morbid influence."

"As respects horses, there is reason to believe that close stables have had considerable effect in promoting the diffusion and increasing the virulence of the disorder, and indeed, that the congregation of many animals in the same stable, however spacious, has an unfavorable influence.

"Analogous facts may be collected from our Navy Returns of the Mediterranean Service, in the year 1832 and 1837."

The late epizootic disease is being followed by influenza in the human subject.

OTHER HOMŒOPATHIC JOURNALS.—In the list of homœopathic periodicals which we published in our December number, the following were unintentionaly omitted.

1866.

Home Papers.—A monthly journal devoted to the physical and moral interests of the people. Published by C. S. Halsey, Chicago. $1.50 per year. A small portion of this magaziene was devoted to homœopathy. A few numbers only were issued.

1867.

Homœopathic Journal of Materia Medica, Chemistry and Pharmacology —Published by Williams and Dwight, Chicago, monthly at $1.00 per year. It did not live to the age of a year.

LITERARY MADMEN.—*(Appletons' Journal.)*—Dr. Moreau (de Tours) has written a work in which he contends that genius arises from the same organic conditions as insanity, and is, in fact, synonymous with it. His theory substantially amounts to this: That genius, like insanity, is a symptom of disease of the brain. Without conceding all that is claimed by Dr. Moreau, it can not be denied that a very large number of the geniuses of the world have been either melancholic or very eccentric, and, in some instances, have been the victims of violent and repeated attacks of insanity. Dr. Johnson was hypochondriacal, and in various ways gave evidence of a morbid condition of the brain. At the early age of twenty he became the victim of melancholic delusions, and from that time forward was never happy. On one occasion he exclaimed, despairingly, "I would consent to have an arm amputated to recover my spirits." Wretchedness like this, when it is temporary or spasmodic, may signify but little; but when it is persistent and life-long, it must be regarded as the symptom of cerebral disease that may, and often does, advance to absolute madness. The violent impetuosity of Dr. Johnson, his unreasonable prejudices, may be accounted for on the same theory. Some of the brightest geniuses in literature have been at intervals subject to attacks of madness. Southey lived for years in perpetual dread of insanity, and, when at last he kneeled in the furrow, worn out through mental excitement and fatigue, he composed that most instructive and useful of his works, "The Life of Cowper." That Rousseau was a lunatic will be admitted without question by those who have studied his life and writings, however ardently they may admire his genius. Pascal was one of the most original thinkers of France, but no inmate of any asylum ever presented more indisputable proofs of mental disease than those which characterized his whole career. All his life he walked in darkness, knowing not at what he stumbled, in constant fear both of the present and the future. He was the victim of absurd delusions, was harrassed by excessive nervousness, and was the slave of uncontrollable eccentricities. On examination after death, his brain was found to be very seriously diseased.

TEXAS FOR ASTHMATICS.—We are called upon by a young man of 17, who went to San Antonio, Texas, Oct. 1871, weighing 50 lbs. only. While there he had only a little wheezing respiration; grew rapidly stronger, increasing in weight to 75 lbs. and was able to take out-door exercise every day. To-day (Nov. 19, 1872,) he is breathing with difficulty, has lost half as much flesh as he gained in Texas, and wishes to return to the South West.

USE OF ETHER IN ENGLAND.—B. Joy Jeffries, M. D., (*Boston Medical and Surgical Journal,*) in a lengthy paper on "Re-Introduction of Ether in England," states that he had an opportunity, during his late visit to London, of exhibiting to the English surgeons the American or Boston method of administering Ether, with which he believes the English and Continental surgeons are generally unacquainted. During his stay in London he administered it, with good results at London, King's College, St. George's, Gray's, and Royal London Hospitals, while Messrs. Hutchinson, Soelberg, Wells, Critchell, Bowman, Brudenell, Carter, and Bader, performed capital operations. Since his return, many persons, both in and out of the profession, have mentioned the subject to him, but with such a tone of incredulity as to induce him to present the facts, and describe what he saw and heard. He says: "To the majority of people it is incomprehensible that Ether should not be used and understood in England and on the Continent as it is here, in New England especially. Their doubts would be fully satisfied, had they seen, as I did, the astonishment, and, I will add, acknowledged satisfaction, of the medical gentlemen who witnessed my administration of this anæsthetic in London."

ELECTRICITY AS A MEANS OF RESUSCITATION.—Allan M'Lane Hamilton, M. D., New York (*Am. Practitioner,*) in a paper on this subject, speaks of the following results arrived at from his own practice and experiments: 1st. That it is useless to expect good results if five minutes have elapsed since life appears extinct. 2d. That the current should be applied faithfully and steadily, one pole being placed on the ensiform cartilage, the other on the base of the skull or over the tracks of the great nerves of the neck. 3d. That the faradic and interrupted galvanic currents are the best. 4th. That the current should be applied some time after respiratory movements have become regular.

In concluding, the author says: The necessity of having a battery within reach is apparent. Every practitioner should have a small one for emergencies. They should be kept at each life-saving station on the coast, ready charged, with directions for immediate use. If this were done, he doubts if the percentage of deaths would be so great as it now is. Artificial respiration by the production of muscular movements is a very valuable means of restoration; but a force that acts directly upon the nerves supplying the muscles of respiration is by far the surest and best.

MARITAL.

BLAKELY—FARMER.—At the residence of the bride's father, W. H. Blakeley, M. D., of Montgomery, Ky., to Miss Jennie Farmer, of Logan Co., Kentucky.

REMOVALS.

BLAKELEY—Dr. W. H., from Montgomery to Belleview, Ky.
HANMER—Dr. J. L., from Bloomingburgh, N. Y., to Ellenville, N. Y.
HARRINGTON—Dr. S. A., from Wayland, Mich., to Salem, Ohio.
LITTLEFIELD.—Dr. J. J., from Auburn, N. Y., to Fort Wayne, Ind.
MANWARING—Dr. J. M., from Warsaw to Wishawaka, Ind.
RECORD—Dr. Henry A., from Mayville to Dewittville, N. Y.
ROBERTS—Dr. G. W., from Underhill Centre, Vt., to Northampton, Mass.
WRIGHT– Dr. Robert, from Marionville, Missouri, to Paola, Kansas.

Personal Notices, etc., reserved.

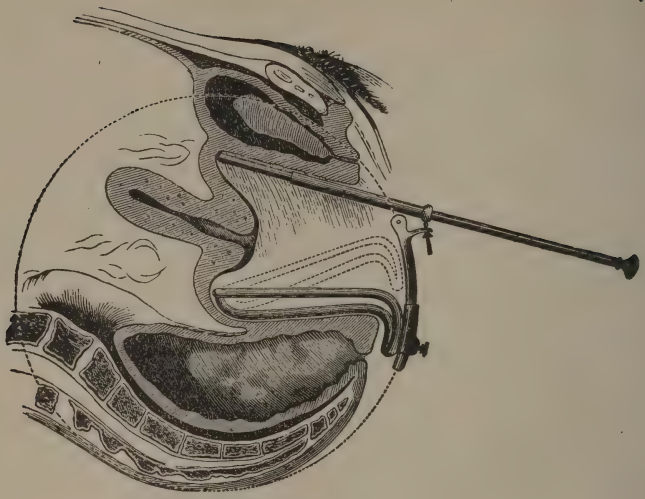


Fig. 6.

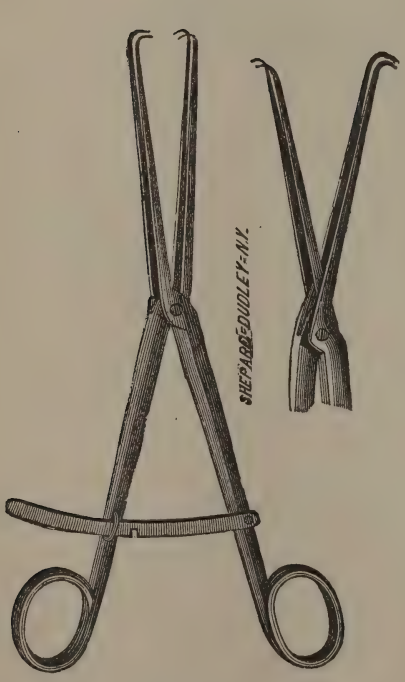


Fig. 7.

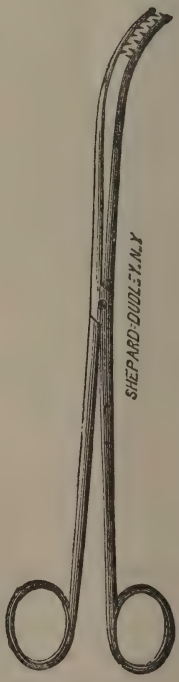


Fig. 8.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

*CLINICAL NOTES ON THE ELECTRIC CAUTERY IN UTERINE SURGERY.**

BY J. BYRNE, M. D.

Surgeon-in-chief to St. Mary's Hospital, for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

A few months ago, at a meeting of the New York Obstetrical Society, Dr. Chamberlain reported a case of epithelioma of the cervix uteri in which, though the affected part had been very satisfactorily removed by galvano-cautery, the disease had nevertheless reappeared within five or six weeks after the operation. Other instances also were referred to, where an equally unsatisfactory result had followed this method of operating; and the prevailing opinion of members present appeared to be that the removal of such outgrowths from these parts, even by the cautery, offered but little encouragement as a curative measure, and that reported successes were at best exceptional, or of rare occurrence, if not doubtful as to diagnostic accuracy.

Indeed, whether on account of disheartening experiences then related, or the well-known difficulties attending the management of galvanic batteries, there seemèd to be, if not a disposition to doubt the utility of resorting to any operation in such cases, at least a strong desire to have the subject more fully presented. With a view to supply this want in some measure, and especially as I had referred more encouragingly to my own observations in the use of the galvanic cautery, I was requested to furnish a paper, which was read at a meeting of the Society held in June last.

Experiments undertaken over two years ago, and noticed on the occasion referred to, have been steadily continued during this interval, and cases of great interest, in which I have operated by this means, have since presented themselves.

* Medical Record.

Thus, while I have succeeded in devising a compact and effective galvanic battery suited to every surgical emergency, and yet comparatively simple in its management, together with improved electrodes and platina instruments, ample opportunities have been afforded from time to time for practically testing the value of each novelty as suggested. This is my apology for delaying the publication of my paper until this time.

No surgeon who, having witnessed for the first time a successful intra-vaginal operation by the galvanic cautery,—for example, the removal of a cauliflower cancer, or a fibrous polypus from the cervix uteri—can have failed to appreciate the many advantages offered by this safe and rapid, yet bloodless proceeding, over all other means heretofore at our command. He might also feel astonished that so admirable a method of conducting these and similar operations had not been more generally adopted by gynæcologists especially, or the subject even assigned a few pages in works on that specialty; for a late edition of one of the most practical, if not the very best treatise on diseases of women, is in this particular noticeably defective.*

A very little reflection, however, will soon convince him that, after all, neither authors nor any one class of practitioners in particular are much to blame; for even the laws by which galvanic electricity is governed, not to speak of its adaptation to the most delicate and difficult operations, are nowadays but seldom made the subject of scientific inquiry either by candates for medical honors or practitioners generally. And yet, strange as it may appear, the history of galvano-cautery, though consisting, for the most part of clinical fragments merely, or an occasional report of some chirurgical achievement, covers a period of over a quarter of a century. It is true, but little was heard during the first few years of the new service which the thermal power of current electricity was being made to render; for prior to 1850 almost the only surgical uses which it seems to have served, with the exception of Crussel's operation for a fungus hæmatodes, were the removal of nævi, and the destruction of dental nerves. It may be safely asserted, however, that we are indebted for most of what is even yet known of galvano-cautery to the ingenious devices of Marshall and Ellis, in England, from 1850 to 1852, and the subsequent publication, in 1854, of Middeldorpff's more brilliant exploits in Germany. Since the latter period, many interesting reports of cases by

* The two pages devoted to galvano-cautery in the work of Professor Thomas, to which I refer, must have at least one good effect,—that of inciting the reader's desire to know something more of the subject.

Semeleder, Newman, Zsigmondy, Braun, Von Grenewald, Rudolph, Voltolini, and others, have appeared, but there is nothing in the valuable yet only corroborative experiences of these observers to warrant a doubt that the claim of priority in originating all that is of practical value in electro-cautery belongs of right to those first named.* To Ellis, especially, is due the credit of first suggesting the spiral cauterizer; Marshall and Middeldorpff, contemporaneously, though independently, devised the loop; while all clearly and distinctly indicated the various lesions likely to be benefited or cured by the employment of their several contrivances.

It is not a little surprising, therefore, to notice how few surgeons there are, comparatively, even among gynæcologists, who have adopted the practice, or given the subject any attention whatever, though more than twenty years have now elapsed since its claims were so attractively demonstrated. That this omission arises, in a great measure, from the want of any reliable guide to a practical study of the subject, there can be little doubt; because, as has already been intimated, any one who desires accurate information, or such definite rules and directions as will enable him to operate successfully by means of the electric cautery, will seek such aid in vain among the gynæcological records, or other medical literature of our language at least. The brief allusions met with in standard works on medical electricity and electrolytic surgery, will avail but little in a practical sense, beyond what relates to the elementary principles of electro-physics. As for practical hints, and that particular kind of knowledge so needed for conducting important cautery operations, there are but two ways in which such can be obtained: either by being fortunate enough to have repeatedly witnessed and closely observed such operations, or through laborious experimental research and no trifling pecuniary outlay. By this latter path I have been obliged to travel; and though fortified by a tolerably exact knowledge of electro-physics, and constantly aided by material for clinical study, yet many disappointments, and difficulties of a perplexing nature have had to be at first contended against.

This statement is made, not with a view to herald my own industry or perseverance, but merely as suggestive of additional reasons why galvano-cautery, which is destined at no distant period to play a most important part in gynæological practice, is so little understood, and so seldom resorted to. It is also, reasonable to infer from what has been said, that many

* In this country, also, many important galvano-cautery operations have been performed within the last few years by Drs. Noeggerath, Thomas, Guleke, Sims, Jacobi, and others, but few of which, however, have been published, so far as I know.

of the unsuccessful attempts to operate by galvano-cautery of which we hear, as for example when the battery is said to have "given out" at a critical moment, have been due less to imperfections in the apparatus, than a want of experience and inadequate knowledge of electro-physics on the part of the operator.

It will be found impossible to construct any galvano-electric apparatus which may not occasionally become defective, either by accidental displacement of some of its parts, or imperfections resulting from use. The well-ascertained laws, also, in accordance with which the electric fluid is generated and set in motion, demand the strictest observance, and will tolerate no innovations incompatible therewith, either as regards the relation of negative and positive elements to each other, and their metallic connections, or the quantity and kind of fluid or fluids by the aid of which electro-motive force is to be obtained.

Consequently no surgeon can hope to succeed in the practice of electro-cautery unless, when difficulties arise, as in case of failing to obtain sufficient heat, he is not only competent to fully appreciate and understand the nature, causes, and extent of such interruptions, but also possessed of a certain amount of mechanical aptitude, so as to enable him to remedy the defect. Indeed, I have no hesitation in stating that these conditions are essential to success, and cannot be safely dispensed with; because, though certain rules may be laid down concerning the general management of batteries, and even specific directions given as to the proper manner of conducting cautery operations, nothing short of a tolerably exact scientific knowledge of the whole subject will suffice to overcome unavoidable obstacles.

Hence, it is not unreasonable to infer, that had these facts been earlier recognized, many of the troubles and disappointments reported in the practice of eminent surgeons might have been avoided, nor would a quarter of a century have elapsed ere galvano-cautery, instead of being understood and practised by comparatively few, had become the usual, and not the exceptional means by which certain diseased conditions might be cured or relieved.

Before proceeding to describe such a battery and instruments as I have found best suited to the requirements of surgical practice, some reference to the several kinds of galvanic apparatus used and recommended by others seems called for. Nearly three years ago I assisted Dr. Noeggerath in removing an epithelioma from the cervix uteri of a lady whose case will be described hereafter, and the battery used on that occasion was

a zinc-carbon one, such as that first invented by Bunsen in 1843. I subsequently operated with this instrument, and was much pleased with its action in both cases, though in the latter my patient, who had a large fibro-cellular polypus attached by a thick pedicle, lost much blood, owing to the vascularity of the parts, but more particularly because the wire used was, as I believe, too fine, and perhaps also in some measure on account of traction kept up on the tumor. I remarked then to gentlemen present that vascular parts could not be safely cut through except by a much thicker wire, which I was informed the battery, though a very large one, would not sufficiently heat.

My next few operations were conducted by means of a powerful Grove battery, the only distinctive difference being that platina instead of carbon is used as a negative element, and in every respect similar to that used by Professor Middeldorpff.

This apparatus, though beautifully constructed and costly, was soon abandoned, however, mainly because of the great trouble and care needed in working it; for, like the one first used, strong nitric acid was required for the inner or porous cell, and on account of which perplexing accidents are often unavoidable. Nevertheless, being favorably impressed by what I had already observed, and influenced by the opinions of authorities against other than constant batteries, I determined to provide myself with another 8-cell Bunsen, similar in principle to that of Dr. Noeggerath, already referred to. After a few trials, however, I found it quite insufficient to heat wire of such length and thickness as would insure against hemorrhage in any but trifling operations. This defect, coupled with the danger of handling large quantities of strong nitric acid, and the suffocating nitrous fumes resulting from chemical action, not to speak of the trouble and time spent in filling, emptying, and cleaning the cells, induced me to abandon every kind of so-called constant, or two-fluid battery.

The claims of Stohrer's four-cell one-fluid carbon-zinc battery were next fully considered, but on account of its hugh dimensions, being less portable than any of those already tried, I hesitated, and concluded to procure the French contrivance, known as the "Grenet battery." This little apparatus is composed of eight zinc and six carbon plates, four of the former being united and connected with three of the latter, similarly joined, the other sets of three and four zincs and carbons, each unitedly forming the negative and positive poles.

In this manner the whole is made to act as *two* powerful cells. I have operated frequently with this instrument, and

can fully endorse the views expressed regarding its power and certainty of action by Dr. Garrett, of Boston, the only author so far as I know, whose opinions as to its worth seem to have been derived from a practical knowledge of its capacity. After an extensive practical acquaintance with this battery it is a little amusing to recall the description given of it by Meyer, in his work on "ELECTRICITY IN ITS RELATIONS TO PRACTICAL MEDICINE," as follows:—"After the battery is dipped into the fluid *as high as the upper edge of the carbon-plates*, a Y. shaped tube is fastened to the rubber tube, and to this a pair of bellows; soon the fluid is thrown into commotion, and after *four or five seconds* the platinum wire which is secured to the conducting wire going from the zinc and carbon poles, glows." None of which is correct, because neither this nor any other such battery should ever be dipped "as high as the upper edge of the carbon-plates," no bellows is needed, and the platina requires no longer time to become incandescent than when attached to any other battery that I have ever seen. I have never found it necessary to use the bellows attachment, the occasional raising and re-immersion of the battery being all that is needed to perpetuate its power. It has not, however, that "*intensity*" arrangement which many operations demand, and hence its sphere of action is too limited to be universally serviceable in practice. Moreover, the lead-lined box which contains the fluid is too large to be conveniently portable, and there is no mechanism provided for raising the battery out of the acid solution when not actually in use, and keeping it suspended so as to drain the plates, arrest chemical action, and thereby control and preserve its heating capacity.

Being, on the whole, tolerably well satisfied with this first specimen of single-fluid battery, my next desire was to obtain one of a similar nature, but, if possible, still more powerful and less limited in its sphere of action, yet as moderate in size as would be consistent with these additional requirements.

A battery combining in a very great degree all these qualities was therefore constructed at my request by M. Charles T. Chester, 104 Centre Street, whose thorough practical acquaintance with electro-physics is so well known, and to whose politeness I am greatly indebted for many valuable hints and suggestions. This instrument is composed of eight pairs of carbon and zinc plates, each measuring about six by nine inches, and so arranged that the whole could be made to act either as two cell when *quantity* is desired. or four cells as when greater *intensity* is needed to overcome resistance. If short and heavy, or flattened platina is to be heated, certain binding

screws marked two are turned down, while those marked four are to be raised; and when a long and comparatively thin wire, such as is used for looping purposes, is required, this order of adjustment is to be reversed. By this useful contrivance the apparatus can be made to meet every want, and in my hands it has never failed. As evidence of its power moreover I may state that five inches of number sixteen wire can be made incandescent, and as the elements can be easily raised or lowered by means of a windlass attachment, its management is simple, and as a whole it is far superior, in my estimation, to the more clumsy and costly apparatus of Stohrer.

With all these attractive features, however, it also is too bulky and heavy to be conveniently portable, and consequently not so well adapted to the requirements of private as to hospital practice. The quantity of fluid required to bring it into action is three gallons, prepared by dissolving three pounds of bichromate of potassa in ten quarts of boiling water, to which when cool, two quarts of sulphuric acid are to be added.

It will be observed from these remarks that, though double-celled batteries, whether composed of the Bunsen or Grove elements, are constant in their action, they possess no other attractive characteristic warranting a preference over the more simple and manageable single-fluid arrangements. Indeed, this supposed indispensable quality as to constancy may be conveniently dispensed with, for it is no more an essential requisite in a battery for surgical purposes, than would be perpetual motion in a time-piece.

Authorities on electro-surgery, as a rule, either caution as against the employment of these batteries, simply because they are not continuous in their action, and liable to give out at a critical moment, or furnish such an incorrect description of their *modus operandi* as to deter many from using them. They seem to entirely forget, however, or at least fail to suggest that there can be no reasonable object whatever in immersing a battery before its action is called for, or allowing it to remain so unnecessarily long, and during intervals of inspection which ought to, and must occur during every important cautery operation. Another very common and mischievous fallacy is, to suppose that by disconnecting one or other of the conducting cords, or otherwise breaking the current, as, for example, by means of a slide in the cautery-handle, we thereby arrest the waste of thermal power. Breaking the current, however, does not wholly arrest chemical action; and as prolonged immersion, even with this precaution, seriously impairs

electro-motive power, no battery of this class should be put in contact with the fluid until heat is actually required, or allowed to remain so during operative interruptions, or one minute after it has served its purpose.

DESCRIPTION OF BATTERY.

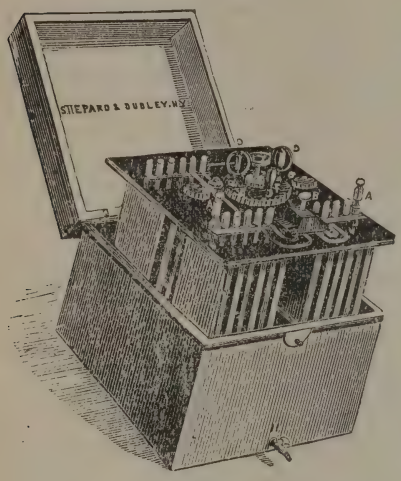


Fig. 1.

Fig. 1 is a correct representation of a battery devised by me over twelve months ago, and employed in some of my most important operations.

It consists of twelve carbons and twelve zincs, each 3 by 5 inches, combined and arranged so as to represent four sets or cells of three pairs each. In this order the elements are securely fastened by nuts and screws to a hard rubber platform 7½ by 8 inches in surface, and one-quarter inch thick; and the combinations and connections effected by means of narrow strips of copper annealed and nickel-plated.

In the centre is a cog-wheel 3 inches in diameter, which, on being turned by means of an upright handle, causes the two water-agitators to revolve.* Near the front edge of the platform is fixed what might be properly denominated an *electro-motive*, or *electro-tension disc*, by the aid of which the whole character of the battery may be changed in a moment, so as to represent either two cells, as when quantity is needed, or four cells when great resistance is to be overcome, such as in heating a long thin wire.

The latter simple contrivance has rendered this battery, in my hands, equally reliable and powerful in every emergency,

* The object of this arrangement is to increase the power of the battery when, owing to continued use, as in tedious operations, the fluid may become exhausted.

It is very seldom needed, but as an example of its value under certain circumstances, I may state that half-strength fluid—that is, one part of water and one of fresh ordinary battery fluid—can be made by agitation in this manner, to produce nearly, if not quite, an equal heat with the strongest fluid without such agitation.

being capable of heating (white) from 6 to 8 inches of No. 16 wire (Stubb's gauge) or over 12 inches of No. 21, the last mentioned being the size which I always select for looping purposes, Passing through the centre is a square perpendicular rod notched on one side for the reception of a ratchet-spring fixed to the collar of the central wheel, and by which the battery may be easily lowered into the liquid, or raised and kept suspended at any point desired. This arrangement is much preferable to that of a screw, as in Stohrer's instrument, because the small size of my apparatus as compared with the former, enables the assistant in charge to regulate its power according to the demands of the operator, with less delay and equal facility.

The upright rod being screwed into a transverse support in the box, can be removed when the battery is not in use.

The box is divided into two parts by a central plate, suspended above, and running from before backwards ; a stop-cock is provided for drawing off the fluid and washing out the battery after being used, and the whole being made of hard rubber moulded, there is no necessity for lead or other lining.

The conducting cords ought to consist of not less than 100 strands of fine copper, or what is still better, silver wire, each cord well covered with silk or cotton in the first place, and then, as a matter of great convenience when operating, bound together by another covering to commence 12 inches from the binding-screw extremities and to continue up to within 3 inches of the opposite ends. The latter should each be provided with a socket and sliding ring for the reception of the cautery handles, as this is a much better and less bulky manner of making connection than by binding screws as ordinarily employed.*

DIRECTIONS FOR PREPARING THE BATTERY.

The quantity of fluid required is six pints, prepared by dissolving twelve ounces of bichromate of potassa in five pints of boiling water, to which, *when cool*, one pint of sulphuric acid is to be slowly added. Owing to the chemical heat generated by the admixture of the acid, the liquid must again be allowed to cool before using ; otherwise, the zinc plates would suffer much waste, and the efficiency of the whole apparatus then and for the future be seriously impaired. Every battery ought to be carefully examined *each time* before commencing operations

* This battery, as well as every form of electrode required, is manufactured by Shepard & Dudley, 150 William Street ; and for the perfect and satisfactory manner in which my instructions have been carried out, as to their construction, much credit is due to the good taste and mechanical judgment of Mr. William R. Leonard, with the above firm.

with it, so as to make sure that every part is in order, and that no displacement or contact of zincs and carbons has taken place since last in use. Before pouring the fluid into the box, the elements should be lifted out carefully and rested on some smooth surface, and the quantity above stated (six pints) should be measured, unless, as I have suggested to the manufacturers, a mark be placed on the inside to indicate the required quantity. The next step will be to screw on the upright rod, and suspend the battery sufficiently high to be out of the bath. The conducting cords may next be adjusted, and in doing so, care should be taken that the binding screws are turned down tightly, so as to insure perfect connection, the same exactness being also necessary in regard to the handle attachments.

Fig. 2.

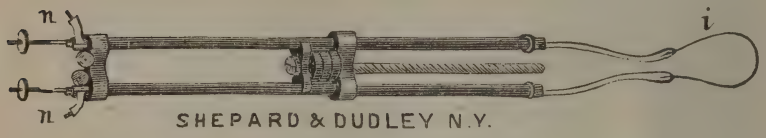


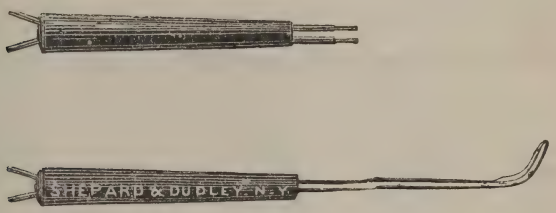
Figure 2 represents an improved loop instrument originally manufactured by Mr. Charles T. Chester, at my suggestion, and is far superior to any other that I have seen used or described, for the following among other reasons: The loop is tightened by straight traction instead of being wound on a roller, and thus less likely to be impaired for future service; while the opera-glass attachment enables the surgeon to keep up a more regular and steady action than would be possible by turning a wheel. Moreover, by using such an instrument as this he will be more likely to avoid the frequent and serious mistake of cutting through the tissues too rapidly, thereby forfeiting one of the main advantages justly claimed for galvanocautery, which, I need hardly say, is security against hemorrhage.*

Fig. 3.

* The loop end of this instrument is somewhat different from that exhibited in the drawing, and is provided with a wooden casing to protect the sound parts from injury by reflected heat in the metallic conductors.

Figure 3 is the spiral cauterizer which I have been in the habit of using successfully in cases of chronic inflammatory affections of the urethral mucous membrane, and as a more thorough, safe, and radical means of combating obstinate follicular disease of the cervical canal than any other caustic or stimulating application heretofore employed or recommended. Within the last few months, however, I have devised and used what I consider a much better means of accomplishing the same purpose, by substituting for the spiral wire and porcelain five inches of a heavier wire (say No. 16,) flattened and doubled so as to nearly represent a long cylinder. In this manner the treatment here recommended may be very thoroughly carried out.

Fig. 4.



The cautery knife and handle are tolerably well shown in figure 4, and, as the uses to which the former is applicable will be referred to elsewhere, no description need be here given.

So also in regard to the illustrations A B C D E F G; while some will be clinically noticed hereafter, the uses which each is designed to serve can hardly fail to be understood by a moment's reflection.

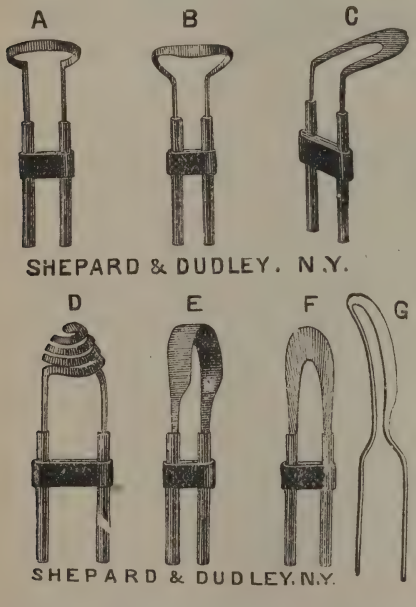
It may be proper to remark, however, that the dome-shaped cauterizer D is used for the purpose of searing over surfaces from which morbid growths may have been extirpated, or stopping the open mouths of bleeding veesels; and the little knife G is that delineated in figure 10, where one of the many useful purposes to which it may be applied is plainly indicated.

In addition to the battery and electrodes herein described, it must not be forgotten that the operator will have to be provided with certain other contrivances designed especially to facilitate cautery operations, though as to their range of usefulness by no means limited to such purposes, as for example,

A SUITABLE SPECULUM.

Ordinary devices of this nature, though answering tolerably well for a mere ocular examination of the cervix uteri, or routine topical treatment, will be of no service whatever for the purpose under consideration, because parts to which the actual cautery is to be applied must not only be brought well into view and within perfect control, but as far as possible isolated from surrounding structures. Besides, patients, whether anæsthetized or not, are often restless, and the slightest movement at a critical moment might seriously affect the whole subsequent proceedings, were not some provision made against all such contingencies.

Moreover, it must not be forgotten that inexperience on the part of an assistant, or the most trifling variation in the position of his hand, often rendered unavoidable by fatigue, may equally interfere with the operator's design.



If a Sims speculum be used, at least two experienced and reliable assistants will be needed, one to hold that instrument, and the other to take charge of the anterior vaginal wall yet neither can render any other kind of aid while thus engaged.—The strongest objection to its use, however, is the position in which a patient must necessarily be placed, for I contend that no uterine operation by galvano-cautery can be satisfactorily conducted unless the patient is made to assume the dorsal attitude.

Granting, then, that these views are in the main correct, and knowing from extensive clinical experience that we do possess a means by which most of the important desiderata here indicated may be obtained, any device combining properties so attractive, demands something more than a mere passing notice.

The instrument referred to, is the speculum introduced and

described by me about fifteen months ago, and a modification of which is here shown.* (Fig. 5.)

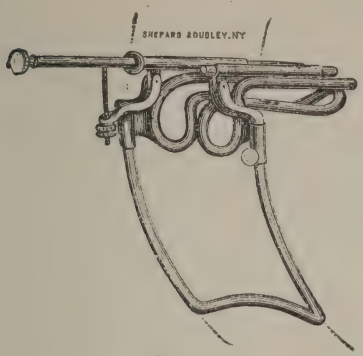


Fig. 5.

This speculum, it will be observed, differs none in principle from that previously noticed, and, as to the several pieces of which it is composed, they may be considered the same, *with one exception*, namely--the frame on which the lower or perineal blade moves is much wider and a little longer, thereby affording more working space and greatly facilitating operative manipulations. The fore-shortened view in the above sketch will serve to explain more clearly the points of difference between this "operating," and the ordinary speculum.

Some advantages, however, will be found by having the intra-vaginal parts of this instrument a little longer—say half an inch—and from one-quarter to three-eighths wider than the ordinary size. I have also occasionally resorted to a piece of bent spring wire, to be introduced after the speculum has been adjusted and the uterus fixed in position, for the purpose of still further separating the lateral walls. This, though by no means an indispensable requisite *in any case*, may nevetheless be made to render good service, under certain circumstances, and on this account I have given directions to have some such device supplied with each "*operating*" speculum.

Fig. 6 is intended to illustrate more clearly the principles on which this speculum is constructed, and the *modus operandi* by which the curved vaginal canal is not merely dilated, but straightened by pressing back the perineum BELOW, while the vesical wall is elevated ABOVE. The under blade, it will be noticed, is made to move in a circle of which the centre is indicated by its point, so that the relation of the latter to the cul-de-sac, when the instrument is first introduced, does not materially change, no matter to what extent the perineal blade may be pressed backward. The various directions, too, in which the upper double rod may be made to move, is a most important feature in this instrument; for, however displaced a

* For a full description of this instrument see *American Journal of Obstetrics and Diseases of Women and Children*, for Aug., 1871.

uterus may be, more especially if anteverted, and provided no firm adhesions exist, there is no difficulty in bringing it into view, and so fixing it for examination or treatment.

The difficulties said to have been met with by some in using this instrument may, I think, be very readily accounted for, and I would submit the following as the most probable and rational explanation: In the first place, it has been found almost impossible, up to a very recent period, to get manufacturers to carry out my instructions as to its mechanism, and the consequence has been that quite a large number of imperfect instruments have found their way into the hands of practitioners. That this has been a source of serious annoyance and much disappointment there can be no doubt, for I have myself seen more than one worthless specimen; and wherever I have had the opportunity, have insisted on the purchaser's returning it. This drawback, I am told by the various makers, is now at an end, and there will be no difficulty for the future in obtaining the perfect instrument. Nevertheless, every purchaser should carefully examine to see that the principle as to circular motion, etc., is carried out, and that *the width of the upper blade is rather less than that of the lower.**

Again, it not unfrequently happens that some physicians undertake to use it without reflecting on the purposes for which it has been devised, or the directions heretofore given for its application, and as a natural consequence often blunder in adjusting it. There are others, too, I am told, who seem to have been disappointed at failing to find in this contrivance an automatic speculum, by the aid of which common sense and ordinary judgment in uterine examinations might safely be dispensed with. One of the latter class, if asked his opinion of it, will very likely reply that he could not possibly get along with it, as in his hands it caused much pain to the patient, and after all offers no advantages that he can see over any one of half-a-dozen others. Akin to this class might also be mentioned another—one, I fear, never doomed to become extinct in any age, and on whom the most labored and intelligible description of improved instruments and apparatus, from whatever source, would be lost or have but little effect, but yet, neither in numbers nor otherwise so entirely insignificant as to be passed by unnoticed. These self-styled conservatives do not as a rule take kindly to novelties, but, quite content to follow the path of writers and thinkers of the last generation, some one of whom they invariably set up to worship and accept as a guide for all time to come, could hardly be

* Say not more than one inch and a quarter, outside measurement.

expected to become favorably impressed with any such innovation as that herein described.

Indeed, so inflexible are they in adhering to obsolete habits, and so utterly incapable of freeing themselves from the grasp of preconceived notions, that anything seeming to clash with either will not be entertained for a moment.

They neither hesitate, nor, strange as it may appear, are they ashamed to declare that every structural change to which the human uterus is prone can be diagnosticated by them with the greatest facility and satisfaction by peering through a glass tube, and for all such ails their magic wand of lunar caustic is a never-failing remedy. Now, so far as this class is concerned, but little can be hoped for from anything that I might here advance; for of what benefit would be the best microscope to one who would insist on his being able to study pathological anatomy by the aid of a Stanhope lens?

Thus, then, on the one hand, through the well-known obstinacy of manufacturers and their workmen in persisting to carry out their notions in spite of repeated protests, and on the other from neglect, incapacity, or other causes, on the part of practitioners, the instrument has yet to be better and more generally known before its great value can be appreciated.

There is no speculum with which I am acquainted that can be used in all cases without more or less discomfort to the patient, and the one under consideration is no exception in that respect. However, though the least objectionable of all others on this ground, and the most indispensable instrument to every gynæcologist (Dr. Sims'), may be employed to draw back the perinæum with but little pain, in the majority of cases it is unreasonable to expect that this proceeding could be carried to an equal extent by one which, though designed for a similar purpose, can accomplish the same only by making counterpressure on the arch of the pubes and base of the bladder. But it is neither proper nor at all necessary, except in operations of more than ordinary importance, and when patients are under the influence of an anæsthetic, to insist upon such a display of the parts as this instrument is capable of affording; and on this point I have been quite explicit in the following directions for its use:—

"The patient having assumed the desired position—say, on her back, with knees drawn up—and the introductory digital examination having been made, the speculum, with elevating rod drawn out, is taken in the right hand, the thumb resting on the anterior concave surface of the perineal blade, while the left index finger and thumb are used to separate the labia. It is now to be inserted downward and backward in the direc-

tion of the post-uterine cul-de-sac, and, while being thus held the projecting handle of the elevator is to be depressed and pushed forward to the extent required to bring the uterus into a proper position in relation to the outlet, when the touch of a finger to the button-screw serves to keep everything in place.

"It will now be observed that the elevator and depressor blades describe a triangle, and the vaginal canal represents a hollow cone, whose apex is the outlet.

"The perineal blade is now to be depressed in proportion to the amount of working space required, and, of course, with due consideration for the degree of elasticity or resistance in each case, when a turn of the set-screw will serve to secure it at any desired point.

"When the object is merely to make simple applications to the cervix, a very slight depression of the blade only is needed—rarely more than half an inch. Besides, forcible and continued traction cannot be easily tolerated, and ought to be reserved exclusively for the more important operations. In the case of patients under the influence of an anæsthetic, or where the parts have been subject to parturient expansion, no particular exactness in this respect is called for. In others, however, the utmost care should be observed, lest profitless curiosity be appeased at the expense of a patient's comfort.

"Having thus obtained a full display of the uterus and adjacent parts, the projecting lever-rod may be removed, and the patient placed in any other than the back position, previous to or at any subsequent stage of an operation, should such a procedure be indicated.

"Indeed, I have quite frequently found it desirable to change the position of patients during tedious operations without removing this speculum, and in no instance have I noticed any deviation in its relation to the intra-vaginal parts from that obtained when first adjusted.

"In proceeding to remove the instrument, the steps adopted for its introduction should be reversed, the perineal blade being first released and the elevator drawn outward so that in closing it may clear the cervix.

"The latter purpose—closing the blades—will best accomplished by first making slight pressure on the projecting lever-rod, as in the act of elevating the anterior wall, when the button will admit of being rolled down with a touch of the finger, and the speculum can then be withdrawn."

I trust, in thus attempting to explain the manner of using and the advantages possessed by my own speculum, I shall not be understood as ignoring the merits of other such instruments especially those of Drs. Thomas and Nott, with which I have had considerable experience, and satisfactory too; and as for

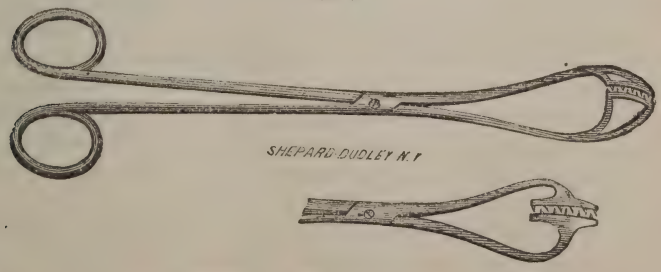
that of Dr. Sims, it is hardly supposable that any gynæcologist of the present day could pretend to do without it.

The distinctive features of the instrument above described, in addition to its being self-retaining, consists in its wider range of usefulness, and, unlike all other contrivances of the kind, in being capable of affording a complete display of the uterus, with ample room for all instrumental manipulation. There are, therefore, but few, if any, intra-vaginal operations in the whole range of uterine surgery, vesico-vaginal fistulæ perhaps alone excepted, but what may be conducted with the greater facility and completeness by its aid, and *without a speculum-assistant.*

However foreign to the subject of this paper the foregoing remarks may be deemed by some, I have very little doubt but that there are many who will hereafter, at least, candidly admit both their relevancy and importance.

Fig. 7 is a reversible vulsellum devised for the purpose of drawing down the uterus and maintaining it in any desired position during operations; as, for example, amputation of the cervix and extirpation of cancroid growths. To accomplish this object it is to be introduced while closed within the cervical canal, and the tenaculum points reversed by a further approximation of its fenestrated ends when it may be fastened at any degree of expansion by the ratchet attachment. (See Fig. 10.) I have had many opportunities of demonstrating the utility of this little instrument, and as it will also serve for a good ordinary vulsellum, I consider it an invaluable aid in most utero-vaginal operations. It is but proper to state, however, that the principle of its mechanism is no invention of mine, but originally suggested by examining a hinged tenaculum designed and used many years ago by my friend Dr. J. Marion Sims, though for entirely different purposes. The only original features about it, therefore, besides its adaptation to other uses, are in its having double instead of single projecting claws and reverse action.

Fig. 9.



Figs. 8 and 9 represent rake-toothed forceps employed for

grasping such structures as are apt to break down readily, or yield to traction by any ordinary tenaculum or vulsellum. I have also found them especially serviceable in tearing away large masses of diffuse vegetating and other soft cancerous growths preparatory to cauterization of the subjacent tissues.

Having thus, as briefly as possible, described such an apparatus and the more important of the instruments which I have found needed in operations by galvano-cautery, I shall now submit a few cases from my clinical records selected solely on account of the intrinsic interest of each, and the instruction that may accrue from their perusal. The manner in which these cases are presented, and the accompanying illustrations, will, it is believed, render unnecessary any extended introductory remarks, or specific directions as to how such operations ought to be conducted.

(Continued in March No.)

ANEURISM CURED BY COMPRESSION.

BY LOUIS DE V. WILDER, M. D., HARTFORD, CONN.

Stephen F. B. Bundy, born in Cuba, W. I., June 2nd 1844. In February 22nd 1871, while walking over a mow of hay, he stepped through a hole made for feeding horses and wrenched his thigh about midway, which caused him some pain at the time and at intervals thereafter. The pains were located between the hip and middle portion of the thigh, but not sufficient to interfere with his usual avocations which are barber and housewaiter. January 15 1872, he first discovered a *very slight* swelling on the inside of the right thigh above the upper third, and pulsation, attended with so much pain and inconvenience as to cause him to desist from labor and keep his bed. Various liniments and poultices were applied for one week, when I was requested to visit him,and when I asked what was the matter he informed me that he had rheumatism. I visited him first January 29th 1872, and the first symptom mentioned was a pain in the knee-joint of a very severe character, nearly preventing sleep. I discovered a bandage around the thigh and on removing it found some swelling and redness, and strong pulsation, so strong as to raise the hand quite forcibly when pressed upon the tumor. There was also bruit of a loud and distinct character,and very little elasticity of the tumor, and it was quite circumscribed in its character. My diagnosis was Aneurism of the superficial femoral artery. I waited one week before I commenced the special treatment of the aneurism, and resolved then to try compression *first*, and in case of failure in

effecting a cure, I intended to ligate. Accordingly, February 5, I applied Signoroni's *improved* horse-shoe tourniquet on the cardiac side of the tumor and directly over the common femoral artery.

The flow of blood was not *entirely* checked, nor did the pulsation cease entirely until March 17th, three weeks after I removed the tourniquet. I kept up constant pressure for 17 days at which time quite a sloughing sore was produced where the compression was made. The patient suffered a good deal of pain, and sent for me several times during the day or night to relieve the pressure, (for I carried the key in my pocket) and after a few moments of relief Iwould renew the same amount of pressure and leave him,—of course he did not get much sleep during the seventeen days, and I was obliged to give him a little morphia at night to secure rest,—after I removed the compression, the tumor and limb increased in size, particularly during the time that the collateral circulation was being established, so that I thought it necessary to bandage the limb lightly during its whole length. March 17th, the time that the bruit ceased entirely, the limb measured over the tumor 23½ inches. About the time the bruit ceased an eczema appeared on the inner side of the thigh, extending over its entire surface finally, and forming a thick crust which after a few days would exfoliate and another form. The tumor shrinks gradually. May 1st. The thigh now measures 21½ inches and he has taken to his crutches. June 15th. Tumor still decreasing in size and one crutch has been dispensed with.

MEDICAL TREATMENT.

The first two days I gave him Aconite and Digitalis every 2 hours alternately; after that for two months, or until the pulse became normal he took Veratrum viride, 1st from 2 to 4 hours. During the first 4 weeks the pulse was from 120 to 140.

DIET.

At first I kept him on light diet, then according to his desires, and the best of food. Bowels for the most part were regular, and digestion good. August 6th, the leg measures 19 inches, only one inch larger than the other. Have given him the past three months, Hepar sulph. calc. two or three times a week.

Perhaps I should state that at the time of applying the compression, the tumor was very much larger than when I first saw it. February 17th, leg measures over the aneurism, 19½ inches. The sound limb measures 16 inches.

(This is a case of considerable interest, illustrating as it does the more conservative form of surgery adopted of late

years in the treatment of aneurism by compression instead of ligation.

The method of injecting by the hypodermic instrument, styptic or coagulating agents into the aneurism should next be tried, if compression fails; and if both these modes are unsuccessful, ligation can then be performed.—*Ed.*)

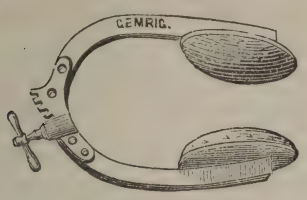
Jan. 6th 1873. Mr. Bundy was able to go about on the streets with the aid of a cane, up to the 10th or 12th of December 1872, and *apparently* doing well. The swollen part of his leg or aneurismal sac had not fully disappeared, and he continued to wear a bandage quite firmly attached around the swollen part of his leg, when all at once under the influence of a severe cold the leg commenced swelling from his knee to his body, and became quite painful. Dec. 16th he called me to see the leg, and I found it swollen nearly as much as it ever had been, at its worse stage, and quite painful to the touch. I found on making pressure over the swollen part that I could not leave an impress of my finger, but at one place, the most depending point, I thought I discovered distinct fluctuation. I made up my mind that suppuration had taken place and to make it the more certain I ordered poultices of clothes wrung out in hot water at intervals of one or two hours.

Friday morning, Dec. 20th. I was called to go and see him again, when I found that a slight discharge had taken place on the under side of the thigh. I saw I had a quart or more of pus to be set free, and I opened the sac with my abscess lancet, when a stream followed, and I drew off nearly two quarts of pure pus. I then ordered flaxseed poultices to be kept up twice or three times daily, which has been done up to the present time, and fully a teacupful discharges every twenty-four hours.

The leg is now down to a normal size and doing well. There has been no change in the circulation. The artery remains closed as at first, and the collateral circulation perfect. I now believe if I had applied the compressor a week earlier, before the escape of so much blood in the sac, that I should have cured my patient in half the time, and perhaps in a quarter. The cure therefore may now be said to be complete.

Should I be called to treat another case like in kind, I

should use compression in preference to ligation. I think it safer and there is less danger of secondary hemorrhage. I used in this case Signoroni's *improved* tourniquet, and I prefer it to Carti's compressor, inasmuch as you can apply as much compression as you desire and leave your patient with the key in your pocket feeling quite sure that the pressure will not be disturbed till you see him again, which I think is a great desideratum in the treatment of such severe cases. In using Carti's the patient is at liberty to relax the pressure when he thinks it too severe, which will be doubtless every hour at least. In case of a popliteal aneurism I much prefer pressure to ligation, as much safer and more speedy in curing. I have a case here in point treated at the hospital by ligation. The patient is not well nor ever will be in all probability. If my success in this very unusual and very bad case shall be the means of stimulating other surgeons to a like trial, I shall be fully compensated for all the labor and anxiety I have bestowed.



"HOMŒOPATHIC SURGERY"—DISEASED FINGER-NAIL.

BY R. C. SMEDLEY, M. D., WEST CHESTER, PA.

In the January number of the Observer of last year, is an article under the title of Homœopathic Surgery, copied from an allopathic Journal, in which the author evidently unacquainted with the true practice of Homœopathy, thinks that *Homœopathic Surgery* is a thing that cannot be, that the term is in itself absurd. The reply from our erudite young surgeon Dr. Bushrod W. James is sufficient to enlighten him in that matter. *Apropos* to the subject in hand is a case in practice.

On the 20th of January 1871, a lady called on me with a disease at the matrix of the ring finger on the right hand. The whole extent of the nail was black and rough. The skin

surrounding the root of the nail was inflamed and much tumefied, the inflammation extending to the second joint of the finger. There was heat, soreness, throbbing, numbness, pricking, but no suppuration; pain was continual, extending to the shoulder. After having the hands in water for two or three hours, the skin would puff out, spreading over a great part of the body of the nail, and become purple. When the finger pained the most she complained of headache. Aside from this her health was good.

This disease had existed seven years, during which time she had had the medical attendance and advice of three or four allopathic physicians, two of which told her the disease could not be cured by medicine, that the finger must be amputated at the first joint. This she would not consent to, notwithstanding their repeated advice and importunities to operate.

On applying to me, I told her I was satisfied it could be cured by medicine, but that it would take several months to do it. She "did not care for that, if she could have the pain relieved, and save the finger." I gave Graphites 30, once a day for a week, then suspended the medicine a few days, and repeated again the same way. Improvement went on gradually for a month and a half and then ceased.

March 16th. Gave Silicea the same way as above. Pain abated and the finger improved for about amonth, and on April 28th gave Graphites 200, at what intervals I do not now remember, but in two or three weeks the finger was entirely well, and has remained so ever since. The nail grew out as perfect and healthy as the others. During the whole treatment she performed her accustomed duties in the house, washing, ironing, etc., as before. She is ever grateful to *Homœopathic Surgery* for the restoration of her finger to health without deformity, and thankful that she did not yield to the only acknowledged means of cure in the allopathic art—amputation.

Homœopathy offers such abundant resources, unknown to the allopathic surgeon, for the cure of so many surgical diseases, thus rendering mechanical operations in the ordinary practice of our profession less frequently necessary than in the "old system" of treatment. Ignorance from behind its bloody scalpel, will hoot out with an air of ostentations contumely its oft-reiterated invidious aspersions that "homœopaths are no surgeons," and that "homœopathic surgery" is a meaningless name. For daring operations and brilliant success in every part of their profession, our own surgeons have acquired a celebrity that stands unrivalled before the world.

Provings of New Remedies.

LYCOPUS VIRGINICUS.

A PROVING BY DR. MORRISSON.*

Preparation.—American mother tincture. The officinal preparation is a tincture of the whole plant. The full botanical description of this plant (which is commonly called bugle weck, Paul's betony, or water horehound), may be found in Hale's *New Remedies*, 2nd edition.

State of Health.—Usually good, though not robust. For the last nine years (since residing in England), tendency to rheumatic pains, with slightly depressed cardiac action. The oppression of crowded rooms induces faintness. For about a week, tendency to diarrhœa. Slight attacks of spasm of the intercostals, which have troubled me for about a month; consequent on the effects of arsenical wall-paper. Depression of vital energy, from a long strain of work.

Examiner's Report (by a hospital physician).—"Impulse of heart rather feeble. Percussion shows that the heart is of natural size. There is a distinct systolic basic murmur heard at the second left interspace, which I have no doubt is hæmic. The first sound at the apex is not good, and rather murmurish. Occasional intermissions in the heart's beats."

Clinical Observations.—Pulse 70 (sitting); temp. 36.40 C.; resps. 20. Urine clear, bright (even after standing the whole night); acid; sp. gr. 1012; free from albumen.

Proving.—Sept. 5th, 1872, 10 p. m., *Lycopus* m*x*-*θ*. Within fifteen mins. slight pain in the left frontal eminence, quickly transferred to right; then ceasing, and returning in both; succeeded by slight burning on right side at back of palate, lasting fully ten minutes. I append pulse-tracing as taken by the sphygmograph. The indications are those of fairly healthy action.

Sept. 6th, 10 a. m., m*x*-*θ*. No effects. 2 p. m., m*x*-*θ*.

* British Monthly Homœopathic Review, Dec. 1, 1872.

Within five mins. oppressed feeling in brain, succeeded by subacute pain an inch below and to outer side of left nipple, quickly subsiding: twenty mins. after taking, dull pain in both frontal eminences; succeeded by slight return of subacute pain at apex of heart. 10 p. m., *m*xv-θ. Within ten mins. distinct sensation of rawness at back of palate on right side, extending over to left. Pulse *72*, sitting; temp. 36. 30 C. Urine clear, acid; sp. gr. 1016; free from albumen.

7th, Sept. 10 a. m., *m*xx-θ. Twenty mins. after, slight rawness at back and on r. side of palate. 2 p. m., *m*xx-θ. Within five mins. slight burning in palate; slight obtusion of intellect, with dull aching through sinciput. 10 p. m., *m*xx-θ. Slight burning on r. side of palate, in usual spots. Pulse 76; action fairly regular. Tracing appended.

8th, Sept. 10 a. m., *m*xx-θ. Within fifteen mins. frontal headache, succeeded by burning in usual spot of palate. 11 a. m., sharp pain in usual spot, lasting several minutes. 2 p. m., *m*xxv-θ. During afternoon, pressive frontal headache, relieved by a current of air, returning on entering house. 7 p. m,, cardiac oppression, lasting an hour; pulse 80, standing, with distinct intermissions; tendency to toothache in r. lower molars (sound teeth); succeeded by subacute pain, first in left then in right frontal eminence.

9th, Sept. 9 a. m., *m*xxx-θ. 3 p. m., subacute pain in both frontal eminences; succeeded by frontal headache. 9 p. m., marked cardiac oppression; pulse 80, sitting, with distinct intermissions; sighing and yawning; unsteadiness of hands, rendering writing somewhat difficult; strange sensation, extending up œsophagus and locating in pharynx. 10.10 p. m., feeling of unsteadiness in walking; continuous subacute aching in frontal eminences, especially left; tendency to toothache, first in r. molars (sound teeth), then transferred to left (sound teeth). 10.15 p. m., *m*xxx-θ. Within half-an-hour, subacute pain in left frontal eminence, and in pharynx, latter increased by deglutition; pulse, sitting, 66; temp. 35.90 C.; resps. 19. Urine, for the first time, exhibits a cloudy deposit; acid; sp. gr. 1021; free from albumen. Pulse-tracing appended.

10th, Sept. Retired at 2 a. m. On lying down, cardiac depression, with dull, heavy beating, lasting several minutes.

Awoke before 8 ; sleep dreamy and disturbed (not restless). On rising, continuous, dull, frontal headache ; not relieved by cold affusion, slightly relieved by strong pressure. 10 a. m., *m*xxx-θ. Return of tremulous feeling in hands, while writing, lasting several minutes. During day, dull pressive frontal headache ; occasional subacute pains in left frontal eminence, 10 p. m., *m*xl-θ. Within ten mins. general feeling of oppression, inducing me to sit down ; sharp rheumatoid pain from left knee to ankle ; quickly settling in loins (lumbago?) ; then accompanied by sharp darting pains in left thumb : succeeded by acute pain in nape of neck (cervical muscles ; pressive frontal headache, with acute pain in cerebrum from the succussion of walking. Pulse not perceptibly altered. 11.30 p. m., steady subacute pain in cervical muscles, more to left side ; subacute pain in left frontal eminence. Pulse 74, sitting and standing, varying in volume. *Examiner's Report.*—"Hæmic murmur lessened ; apex murmurishness imperceptible ; pulsation stronger, 70 standing and lying. Otherwise nothing special."

11th, Sept. Slept better last night. Awoke at 6.30. On waking, noticed intermittent character of cardiac pulsation ; intermissions at 7th, 8th, 6th, 21st, 9th, 23rd, and 88th beats. A few minutes subsequently, intermissions between 6th and 15th beats ; later, the heart beats regularly at 70 (lying). Before rising was free from headache, which immediately slightly returned ; not relieved by cold affusion. 10 a. m., *m*xl-θ. Pulse at first steadier ; then frequent intermissions ; increased headache. 11 a. m., subacute pain in both temples. 12.15 p. m., pain of temples transferred to cerebellum seems of a congestive character ; subacute pain at apex of heart, of short duration ; rheumatoid pain in calves of legs, especially left ; succeeded by acute rheumatoid loin pain, extending to lower dorsal region ; acute pain at seventh cervical vertebra pain from cerebellum transferred to temples—more acute. 12.45, congestive pain in occiput, without mitigation of temporal aching ; constant severe lumbar aching ; slight rheumatoid pain in left supra-scapular muscles ; general feeling of weakness and weariness. Pulse 76, sitting and standing. 2.30 p. m., flying muscular pains, with persistent aching in loins and occiput, increased by movement ; not lessening, as formerly, after meal. Depression of vital power. 6.30 p. m., By 4 o'clock pains had almost left, but after exertion of running up stairs returned sharply ; first in lumbar region ; then in left leg, extending up thigh ; afterwards in right leg, with increased weakness and weariness ; flying pains in various parts ; eyes feel weak, as if the system were much over-fatigued ; symp-

toms not lessened by the evening meal. Pulse 72, sitting and standing, with occasional intermissions. 10 p. m., (no medicine, owing to severity of symptoms), pulse 68, regular, sitting; 74, irregular, standing; temp. 36.20 C.; resps. 19. Urine exhibits cloudy deposits; acid; sp. gr. 1016: free from albumen, phosphaces, lithates, and sugar. Microscopic examination shows mucus, epithelial cells, and very minute crystals. Since commencing proving, bowels have acted regularly twice a day; motions papescent or watery till to-day; now dedidedly constipated.

12th, Sept. Retired last night at 11; slept well till daylight; then awoke (quite unusual), and had light dreamy sleep after. Before rising, free from pain; immediately after, rheumatoid aching in right scapular muscles, 10.50 a. m., pain in scapular muscles continues; feel otherwise well. *ml-θ*. Within ten mins. dull frontal headache; pain in lower molars, transferred to right. During day, rheumatoid pain, commencin left calf and finishing in right; lumbar pain; frontal headache; occipital pain; flying pains; general malaise. All symptoms much less marked than yesterday. 11 p. m., pulse 72, sitting and standing; 62 to 66 lying; irregular and intermittent, specially so when lying; quickened by each inspiration. Bowels have acted twice to-day; motions loose, light in color. Urine shows deposit of mucus, even while cooling; acid; sp. gr. 1012.

13th, Sept. Did not sleep as soundly as usual. On awakine, slight aching in left calf, quickly transferred to right; slight aching down left forearm. After rising, cardiac distress, scarcely amounting to pain, most marked at apex. 10 a. m., *ml-θ* (new tincture). Within twenty minutes frontal oppression; with trembling weakness of hands; return of rawness at back of palate on right side. During afternoon, return of lumbar aching, most marked on left side; frontal headache; pains in limbs; general malaise. Evening, lumbar aching; occasional pains in legs, especially left; slight pain in molars, passing from right to left; pulse 72, lying, sitting and standing, quickened by each inspiration; temp. 36.30 C.; resps. 19. Urine shows deposit of mucus, while cooling; acid; sp. gr. on passing, 1010; after standing, 1014. Motion to-day slimy, of a peculiarly shining dark-brown color. *Examiner's Report.*—"Pulsation scarcely perceptible to touch; hæmic murmur again distinct; apex murmurishness again perceptible. Pulse 72, sitting and standing. All symptoms increased by movement in lying down or standing up." Evening, cardiac action regular; pulse 74, not intermittent. Pulse-tracing appended.

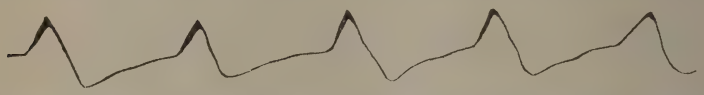
14th, Sept. Awoke at 5, after dreamy, though not restless sleep. Pulse 74; intermissions at 7th, 7th, 11th, 31st, 10th, and 20th beats. Slept indifferently till 8; then awoke free from pain or ache. Pulse 72, not intermittent. 10 a. m., pulse 74 lying and sitting; 82 standing; general debility. *m*lx-θ. Within ten mins. severe lumbar aching; frontal headache; pulse 82 sitting; 86 standing; irregular and intermitting. Five mins. later, subacute pain at apex, extending to third left interspace. Later, cessation of frontal headache; succeeded by occipital aching, and subacute pain in fifth right interspace, each quickly abating; succeeded by return of aching pain in temples; loin pain persists. 11 a. m., pulse, sitting 72; standing 82; accasional intermissions. 12 noon, loin pain and temporal headache persist; slight pain at apex; rheumatoid pains, especially left leg and forearm. During afternoon, sharp aching in right leg, not relieved by friction; short achings in varions parts, left-sided predominating. Night, pulse 74; temp. 36.40 C. Urine shows deposit of mucus; acid; sp. gr. fresh, 1012, on cooling, 1016; free from albumen.

15th, Sept. On awaking at 6.30, pleurodynia, from third to seventh left interspace; with acute pain at apex of heart; with contraction of intercostal muscles; increased by lying on right side; lasting till 10 a. m.; pulse 68, with oppressed cardiac action. 11 a. m., *m*lxxx-θ. Within half an hour, sharp pain in right lower molars, passing to right temple, then to left lowar molars, then to left temple, then returning to right lower molars, then settling in loins; with frontal oppression. Later, pains at apex of heart, in left wrist, left leg, right leg, nape of neck, and loins, passing off quickly; not relieved by friction. Palpitation on slight exertion; general malaise. Evening, congestive pain in nape of neck, with severe continuous lumbar and dorsal pain, worse towards left side. 10.50 p. m., pulse lying, 60; sitting, 66; standing, 80, regular. Urine less clouded; acid; sp. gr. fresh, 1012; on cooling, 1018.

16th, Sept. On awaking at 6.30, labored cardiac pulsation; pulse 62. 10 a. m., pulse 72 sitting; 82 standing. *m*c-θ. Within an hour, dull pressive frontal headache; pulse 76 sitting; 80 standing; aching across loins. 12 noon, while sitting, strong bearing-down in left inguinal canal, as if hernia would protrude; with acute pain on walking; relieved by upward pressure on external ring; lasting about fifteen minutes. Afternoon, slight pains in various parts, left-sided predominat-

ing. Evening, restless activity, ready for any amount of work; slight aching in left lower molars (sound teeth). 9.30 p. m., bearing-down in right inguinal canal, with subacute pain when walking; relieved by upward pressure on external rings; returning when pressure is removed; lasting fully two hours; with severe loin pain, most marked to right of spine, lasting till retiring. During day there has been subacute pain at apex of heart; afterwards at fourth left interspace. Urine less clouded; acid; sp. gr. fresh, 1008; on cooling, 1012; free from albumen.

17th, Sept. Awoke at daylight, and slept but indifferently after. On awaking free from pain. On rising, aching returned in both inguinal canals; increased by walking; relieved by upward pressure on external rings; sharp aching in left lower molars (sound teeth). 10 a. m., *m*cxx-θ. Pulse immediately steadied; soft, regular; 76 sitting; 84 standing. Within half an hour, sharp aching in left lower molars; accompanied by fronto-occipital headache; return of lumbar aching. 1 p. m., subacute superficial pain at third left interspace, near sternum. becoming acute on moving, lasting fully ten mins. passing to mid-sternum; continuous aching along inguinal canals, most marked on right side, obliging me to walk cautiously; continuous loin pain. Pulse 70 sitting; 77 standing. Afternoon, severe continuous lumbar aching; painful stiffness in left infra-maxillary region, extending to nape of neck, interfering with movement of head; slight tenderness in inguinal canals. Evening, continued tenderness in inguinal canals; pulse 70, jerking; temp. 36.10 C.; urine less clouded; acid; sp. gr. fresh, 1014; on cooling, 1017. Pulse-tracing appended. In this, the jerking character is well expressed.



18th, Sept. No medicine. During morning, sharp aching down right tibia, causing lameness, not relieved by friction; achings in various parts, especially left lower molars and loins; general malaise. Bowels acted this morning only; motion shiny, of a peculiar greyish brown, as if mixed with ashes. Night, pulse 58 lying; 70 sitting; 72 standing; temp. 36.10 C. Urine slightly clouded; acid; sp. gr. fresh, 1007; on cooling, 1010.

19th, Sept. On awaking, spasms of right intercostals; slight aching down right inguinal canal. 10 a. m., pulse 70 sitting; 78 standing. ℥iij-θ. Within five mins. sharp aching

in nape of neck, left side ; soon transferred to right frontal eminence. Later, pulse very feeble, quickened ; 78 sitting ; 86 standing ; irregular. Acute pain in inner muscles of left calf, with straining and lameness ; acute flying pains to right of middle dorsal region, in nape of neck, frontal eminences, left wrist, left lower molars (sound teeth), lumbar region, and again in nape of neck. 11 a. m., distressed feeling in cerebellum ; sharp achings in various parts ; acute superficial pain at third and fourth left interspaces ; continuous lumbar pain, not increased by stooping, increased by walking. Pulse 82 sitting ; 84 standing ; regular. 11.30 a. m., while sitting, acute pain down right inguinal canal, quickly abating ; leaving a steady dull aching ; cervical and lumbar pains continue.

12 noon. *Examination* (by H. R., Esq).—"Heart sounds indistinct, systolic running into diastolic ; basic murmur very slight ; apex murmurishness not perceptible ; action very feeble. Pulse 78 sitting ; 86 standing ; not intermittent."

1.30 p. m., "heart-sickness" (faint nausea), lasting an hour; not relieved by dinner ; marked cardiac depression ; shifting, pains. 2 p. m., aching down flexor muscles of right thigh, extending to knee and calf of leg, then to left knee and calf ; then returning to right thigh and knee ; with slight lameness. During afternoon, acute pains in usual spots, with steady aching in right thigh and knee-joints ; faint perspiration on covered parts, when walking ; repeated sharp superficial and deep pains in præcordial region. Evening, great debility, especially on walking ; I have taken extra stimulant to keep me going. Continuous aching in various parts ; cardiac pains ; slight lameness ; slight return of faint nausea. Pulse 60 lying, regular ; 62 sitting, regular ; 64 standing, irregular ; temp. 36.10 C. ; resps. 17. Urine scarcely clouded ; acid ; sp. gr. fresh, 1008 ; after cooling, 1012. Before retiring, giddiness, with tendency to stagger to the right. Motion to-day, dark shining brown ; strong odor.

20th, Sept. On awaking, pleurodynia below 5th r. costal cartilage ; passing to l., then again returning to r. side. Pulse 70, feeble, regular (lying). On rising, aching down both thighs, with weakness in walking ; slight achings, relieved by the electrical current, not relieved by the galvanic. 10.30 a. m., aching in l. inferior maxillary articulation, and in l. wrist. 1. p. m., subacute pain in l. frontal eminence, and in præcordial region ; aching across lumbar region ; sensations of faintness, with unsteadiness in walking ; trembling in hands ; tenderness in r. inguinal canal. Pulse 66 sitting and standing ; regular. 5 p. m., severe aching in both temples, especially l. ; remains

of lumbar pain. 6 p. m., acute darting pains at apex of heart. Evening, shifting pains, most persistent in r. knee; persistent nausea, rising from back of fauces, relieved by eructations, which taste of tea and drug; succeeded by persistent giddiness while sitting, with staggering to r. on walking; acute pain in l. temple, passing to r., followed by severe lumbar aching; darting pains at apex of heart; oppression of respiration; constriction of larynx; acute pain in l. frontal eminence, with sensation of compression of brain; aching down r. inguinal canal while sitting; restless activity notwithstanding nausea, giddiness and pains, all of which have been very severe. 10.20 p. m., pain from front of r. knee transferred to back of l. 10.45 p. m., darting pains throngh r. wrist. On retiring, pulse 60 lying; 62 sitting; 64 standing. Urine shows deposits of mucus; acid; sp. gr., fresh 1014, on cooling 1018; free from albumen. Bowels have acted twice to-day; motions slimy, of the peculiar dark, shining brown; gushing out.

21st, Sept. Awoke at 5, light dreamy sleep after. On waking, sense of constriction across lower half of thorax, impeding respiration, with subacute pain, increased by lying on r. side; continuous aching in l. lower molars. 10 a. m., ℥iv-θ. Within an hour dull frontal headache; vital depression; heavy aching in cervical region; acute pain at apex, not relieved by pressure, but driven by friction to l. subscapular region, then passing to mid-dorsal region, severe; continuous aching in l. lower molars; return of acute pain at apex, with distress. Pulse regular, feeble; not altered as to rate. Later, parched feeling in upper lip; severe aching in occiput, with cessation of cardiac pain; general oppression of brain; acute pain over l. temple; giddiness, with tendency to stagger to the right. 12 noon, persistent lumbar aching; dull oppressive headache. Pulse scarcely perceptible, 76 sitting, regular; 84 standing, irregular. Annexed tracing, showing feeble action, obtained with difficulty.

1 p. m., acute pain down r. inguinal canal, partially relieved by upward pressure on external ring; occipital aching. Later, prickings (urticaria?) as if bitten by an insect, in l. forearm, hypogastrium, r. leg, r. forearm, back, and again in l. forearm; slight achings in r. leg, lumbar region, nape of neck, and r. inguinal canal. 5 p. m., *Examinations* (H. R., Esq.)—"Pulse exremely varying both as to time and volume, at first almost imperceptible; 76 to 86 sitting and standing; not intermittent. Cardiac pulsation much stronger than the pulse-indications

would lead one to expect. No special murmurs." Night, slight achings; pulse 72 lying and sitting, regular; 84 to 88 standing, varying in volume. Urine shows but a trace of mucus; acid; sp. gr. 1010 fresh, 1014 on cooling. For several mornings, excessive flatulent rumblings on awaking.

22nd Sept. Awoke during night with pressive aching down l. inguinal canal, relieved by upward pressure on external ring, lasting several minutes. Before rising, intercostal pains, worse when lying on r. side, extending to apex of heart. During day a double set of pains; from cold and from the drug. The former chiefly affected upper teeth on left side, decayed lower teeth and head; the latter, left lower molars (sound teeth), and lower limbs. The pains from cold were relieved by *Aconite*, port wine, and warmth, increased by cold air. The dental drug pains were not relieved by *Aconite*, *Mercurius*, nor direct warmth. Evening, feverish feelings (from cold); pain from lower molars went to lumbar region, then went rolling up the spine like a ball, and settled in mid-dorsal region, chiefly to left of spine; afterwards returned to l. lower molars; severe, general headache, with giddiness. Pulse 72 lying and sitting, regular; 84 standing, regular; feeble. Temp. 36.70 C. Urine scarcely clouded; acid; sp. gr., fresh, 1015, on cooling, 1019. Bowels acted twice; second motion half solid, with straining, half slimy, gushing out.

23rd, Sept. On waking severe intercostal pains, both r. and l., with repeated acute darting pains at apex of heart, increased by lying on r. side; severe aching down spine, somewhat relieved by friction; passing off after rising; excessive flatulence. During day, severe and continuous aching in l. lower molars (sound teeth); frontal headache. During afternoon, severe irritation, like urticaria, on various parts. Before retiring, troublesome urticaria, specially affecting l. forearm and r. leg.

24th Sept. On awaking, subacute pain in lower dorsal region to left of spine. 2 p. m., acute darting from anterior superior angle of l. parietal to malar bone, succeeded by sensation as if the brain were compressed, followed by long-continued irritation of scalp over the line of pain. During day, troublesome irritation (urticaria), especially of l. forearm and r. leg (I can not say this irritation is a drug effect, as I have had slight urticaria on previous occasions; but its development follows the rule of preceding symptoms). 5 p. m., *Examiner's Report* (by first examiner),—"Impulse feeble; heart sounds very weak; action irregular in force and rhythm; not intermittent; no murmurs. Pulse feeble, very compressible; 76 sitting, 80 standing." Evening, urticaria more troublesome, has extended to r. forearm. Before retiring, frontal headache;

slight aching to l. of lower dorsal region; irritation persists. Pulse feeble, compressible; 68 lying, 72 sitting, 76 to 82 standing; irregular in force and rhythm; not intermittent. Urine slightly clouded; acid; sp. gr., fresh, 1004, on cooling, 1006; free from albumen, phosphates, lithates, and sugar. Microscopic examination shows scattered mucus and epithelial cells, abundance of spermatozoa, and oxalate of lime crystals. Motion to-day slimy, of the peculiar shining, dark brown; offensive; gushing out.

25th Sept. On waking, subacute pain in intercostal muscles below fifth rib on each side, increased by lying on r. side. After rising, severe aching in l. lower molar (sound teeth), spreading to l. upper bicuspides (sound teeth), lasting several hours; succeeded by frontal headache; on the passing off of which, increased mental and physical activity. Evening, irritation has returned in l. forearm, r. leg, to l. of lower dorsal vertebræ, r. forearm, and l. leg. Pulse 68 sitting. The subjoined pulse-tracing was taken with difficulty at former pressure, owing to feebleness and compressibility.

Motion slimy, of a shining yellow color; offensive.

26th Sept. Sleep dreamy. On waking, labored cardiac action; excessive flatulence. Pulse 62 lying; feeble; less compressible. During day, urticaria. Evening, marked cardiac depression, causing slight faintness on quickly ascending a few stairs, lasting fully half an hour; returning later on quietly ascending, with subacute cardiac pain; cardiac action barely perceptible; pulse stronger than the heart's action would indicate; less compressible; not intermittent; 72 lying, sitting and standing. Urine slightly turbid, free from deposit; acid; sp. gr., fresh and on cooling, 1010. Motion partly solid, natural; partly slimy, dark brown; offensive.

27th Sept. On waking, intercostal pain; urticaria persists. 5 p. m., subacute pain over cardiac region, with cardiac distress; slight aching in lower dorsal and lumbar region. Pulse compressible, irritable; varying greatly in force and rhythm; 74 to 76 sitting, 85 to 92 standing; with frequent intermissions. 7 p. m., acute pain in l. axilla, extending down edges of pectoral muscles to thorax; then passing to base of heart, then to apex; faintness, with slight nausea when walking in the open air, persistent giddiness, commencing when walking in the open air, continuing after entering the house, while sitting; subacute pain down muscles of l, calf; sighing respiration; return of acute pain at apex of heart; trembling of hands; return of

giddiness while sitting, with constriction of larynx; shooting pain through l. frontal eminence; constriction to l. of larynx; cardiac depression; continuous constriction of larynx; aching at superior curve line of occiput, an inch to l. of occipital protuberance, passing to corresponding spot on r. side; pulse less compressible, irregular and intermittent. Symptoms lasting over three hours. Pulse on retiring, 72 sitting, 80 standing; regular; not intermittent.

29th Sept. Yesterday afternoon, severe general headache, lasting several hours; slight pians. To-day, severe fronto-occipital headache, from 3 to 7 p. m., succeeded by labored cardiac action; then by cardiac depression, with faintness, lasting fully two hours; pulse at same time about 76, stronger than cardiac impulse indicates. 10 p. m., sharp darting pains through l. testicle (epididymis), several times repeated; passing to r. testicle; leaving dull achings; recurring till midnight; aching in left inguinal canal. Bowels acted twice; motion more natural.

30th Sept. Before rising, spasms in r. intercostals while lying on r. side. After rising, acute aching in l. testicle, with occasional darting pains, changing to r., then again to l. 11.30 a. m., acute, extensive pain from l. kidney to l. inguinal canal, lasting several minutes. 12 noon, the pains in l. testicle cause an aching along l. inguinal canal, and extend to r. testicle; at times they are so severe as to almost force me to call out; aching across lower dorsal region. 1.45 p. m., acute pain in intercostal muscles over base of heart, lasting several minutes. 3 p. m., slight return of headache. 5 p. m., acute pain down anterior muscles of r. thigh, causing lameness; afterwards in both. Evening, acute pains in testicles, first l. then r., then in both; recurring and lasting the whole evening; with achings in inguinal canals. Evening, cardiac depression, causing faintness; increased mental and physical activity.

1st Oct. Slight achings in various parts; general depression. *Examiner's Report.*—"Cardiac impulse very feeble; hæmic murmur again distinct; no other murmurs; pulse feeble, extremely compressible, irregular in force and rhythm, not intermittent, 72 to 80 sitting and standing, quickened by movement." Urine clear; acid; sp. gr., 1018; free from albumen. Motions of the past two days have been of a peculiar shining brown; offensive.

3rd Oct. 1 p. m., aching in l. testicle, l. hand, and r. knee, while sitting. Afternoon, slight achings in l. wrist, r. knee, l. tibia anteriorly, lower dorsal region, l. knee and r. forearm. Pulse 72 sitting, 78 standing; feeble, compressible; temp., 36.95 C.; resps., 20. The annexed tracing was taken last

evening, with a pulse of 72, feeble, and so extremely compressible as to render its being taken at former pressures a matter of considerable difficulty.

During the past three days, frontal headache, extending afterwards through to occiput, commencing about 3 p. m., and continuing two or three hours; similar to that of 29th Sept., but much less severe. Before retiring, severe pain in r. side of thorax at insertion of pectoral muscles, becoming acute on inspiring deeply.

5th Oct. Yesterday morning, on awaking, return of pain on r. side of thorax: passing during the day to apex of heart, to r. axilla, down pectoral muscles to former spot, again to apex of heart, and passing off from r. side of thorax. During last evening, slight cardiac depression. Headache recurred at 3 p. m., and continued till 6 p. m. To-day, symptoms very slight; bowels have acted twice, first part of each motion being solid and natural, second part slimy, of a peculiar shining brown, but much less offensive.

6th Oct. 4.30 p. m., recurrence of frontal headache, lasting till 6 p. m.; succeeded by cardiac depression, followed by cardiac oppression, with quickened pulse; giddiness, with strong tendency to stagger to the r.; then by neuralgic pain in r. supra-orbital region, and in l. testicles; with return of cardiac depression, causing faintness and nausea; with subacute pains at apex and at base of heart; passing off before 10 p. m., with eructations and yawnings (while out walking). Pulse 78 sitting, 88 standing; irregular in rhythm; extremely compressible. Resps., 23. Urine clear; acid; sp. gr., 1010.

10th Oct. 7.30 p. m., marked cardiac depression; pulse stronger than indicated by cardiac impulse, 66 lying, sitting and standing, extremely irregular in force and rhythm; respiration oppressed; lasting till 9 p. m. The annexed pulse-tracing shows the character of the heart's action at the time. Owing to slow running of the paper this tracing is rather

cramped, but the curves are well marked. A singular feature in this tracing is its resemblance, in main points, to one recently taken on a patient aged 31, afflicted with several mitral regurgitant disease; which latter I annex for the sake of comparison.*

* It should be mentioned that this is not the characteristic racing of mitral regurgitant disease.

For the sake of clinical comparison I append a second tracing taken from the same patient ten days after, while under the influence of *Digitalis*, of which *Lycopus* appears to be an analogue.

During the past few days the fæces have been partly solid and natural, partly soft and of the peculiar shining brown; the first part being passed with much straining, the second part quite freely.

15th Oct. No special symptoms since last report. The fæces are gradually assuming their natural character. Cardiac action still rather depressed.

Examiner's Report (by first examiner)—"Cardiac impulse feeble; hæmic murmur distinct on strong pressure; systolic sounds not quite natural at apex, not amounting to a murmur; probably due to feeble action; pulse regular, very compressible, 76 sitting." 10.30 p. m., pulse 68 sitting, 72 standing, regular, compressible: temp. 36.40; resps., 20. Urine clear; acid; sp. gr., 1014. The annexed tracing, taking on the following morning, shows a healthy, though not vigorous, cardiac action. This completes the proving.

REMARKS.

Should extended experience demonstrate the general correctness of this proving, *Lycopus* may be expected to produce beneficial effects in some forms of

Functional disorders of the heart;

Rheumatic Carditis;

Inguinal Hernia; and

Neuralgia of the testicle.

During the time of proving I lived much as usual, with the exception that on several occasions I took an extra quantity of stimulant in order to keep me going. I very seldom indeed take coffee, or use tobacco; my breakfast beverage consists of plain cold water. At the period of commencing, and for several weeks after, I had late hours, combined with much

work; which accounts for the low temperature several times registered.

It was not till after the conclusion of my proving that I carefully perused the fragmentary proving in Hale's "New Remedies." I have not classified the symptomatology as there is not sufficient evidence to work upon, but the following characteristics repeatedly attracted my attention:—

The rheumatoid pains produced by *Lycopus* generally manifested themselves on the *left* side, passed to the corresponding spot on the *right;* and then either passed off, or returned to the left and passed off equally from both. The exception to this was the dental pains, which commenced on the right side and passed to the left; on the right, avoiding the two front lower molars (which are decayed), and affecting the next two (which are sound); on the left, side avoiding the posterior lower molars (which are decayed), and affecting the two front molars (which are sound).

The rheumatoid pains of *Lycopus* were readily distinguished from those of ordinary rheumatism. They chiefly affected the muscles; then articulations; then tendons. They were not relieved by friction, by cold affusion, nor by direct warmth; relieved by a warm room, and by the warmth of the bed; increased by movement and cold air.

The cardiac pains were of a rheumatic character.

Pains in general, increased by movement; not relieved by the open air.

The cardiac distress and palpitation were increased by ascending (stairs or hill); by excitement; by deep inspirations; and by thinking of them.

I do not attribute the urticaria or intercostal spasms to the *Lycopus* (as I have had both previously), but they appeared to be renewed by its action.

Cardiac depression was strongly and persistently marked.

Irregular and intermittent pulse—correspondingly frequent.

On several occasions there was a noticeable difference between the cardiac power and pulse force.

Frontal and fronto-occipital headache—frequent and severe. The pains were very persistent in the frontal eminences. These were relieved by strong pressure.

The brain-effects are worthy of note; particularly the increased activity, dreamy sleep, and early wakings.

The fæces were peculiar. On one occasion they emitted a decided odor of the drug.

I have employed the terms "cardiac de-pression" to denote feeble and excitable action; and "cardiac oppression" to denote heavy, labored action, as if the heart were obliged to make great efforts to do its work.

Times of aggravation—early morning *(on waking)*; afternoon *(about 3 and 5 o'clock)*; evening.

Analogues.—Lycopus appears to touch specially, *Cimicifuga*, *Spigelia*, *Digitalis*, *Ranunculus b.*, *Cerasus*, *Clematis*, *(sexual)*, *Laurocerasus*, *Sanguinaria*, *Cactus*, *Gelseminum*, and *Veratrum viride;* perhaps also *Aconite*, *Bryonia*, *Lachesis*, and *Sepia*.

It would be an interesting study to note the effects of *Lycopus* on the female organism.

CLINICAL.

Mrs. A. W., hysterical temperament, consulted me on the 13th Sept. Age 47; no appearance of menses for three years. Complained of occipito-frontal headache; debility; flushings; dyspnœa; palpitation, easily induced, with occasional intermissions; flatulency; giddiness; huskiness of throat on r. side; interscapular pains; pains down lower limbs, commencing on l. side; dreamy sleep. ℞. *Lachesis* 12.

17th Sept. Complains of fronto-occipital headache on excitement; palpitation "all over;" swelling of legs and ankles on exertion. General symptoms unchanged. ℞. *Lycopus* 3x om. 3tiis horis.

23rd Sept. Swelling of ankles, flatulency, and dyspnœa lessened. Cardiac pulsation regular, not intermittent. Has also found relief from shooting pains in left wrist and elbow. Flushings continue. Rep.

27th Sept. Complains much of "strange feelings," with fronto-occipital headache, "as if the temples were pressed in;" seems afraid to turn for fear she would tilt forward: nausea, from epigastrium; depression; for several years, has dropped things from her hands; flushings; sudden pains at

apex of heart, "causing faintness and strange sensations" (I often wonder whether my heart is affected"); inter-scapular pain; this week, restless dreamy sleep; less palpitation; less pain and swelling of legs and ankles; constipation; appetite good. Auscultation reveals feeble action of heart; no murmurs; pulse stronger than indicated by cardiac action, 80 sitting and standing, regular. Considering that some of the symptoms were due to drug-action, I prescribed ℞. *Spt. vini rect.*

4th Oct. Still have severe pain in temples and occiput, with nausea; flushings. Other symptoms, including cardiac, much relieved. Sleeps better; pulse 80, sitting and standing; feeble. ℞. *Lycopus* 3c, 4tuor in die.

11th Oct. Has had a bilious attack, with vomiting of food Used formerly to have severe pain across hypogastrium with such attacks, but was free on this occasion. Still has flurried feelings and flushings, but lessened. Beatings through temples to occiput, with sensation of stoppage in larynx (nervous). Sleeps much better; dreams less; less palpitation; sudden pains at apex, but lessened in frequency and intensity. Pulse 102 sitting; 112 standing; very feeble. ℞. *Spt. vini rect.*

18th Oct. Hysterical, with bilious feelings. Faintness; sighing. Other symptoms about the same. Pains in head and temples. Pulse 72, feeble, regular, sitting; resps. 18. ℞ *Lycopus* 3, 4tuor in die.

25th Oct. Less sighing; less giddiness. Pulse 80, feeble and irregular, sitting; 92, feeble and regular, standing; resps, 19. There was decided improvement in several respects; but at this point it became necessary to change the remedy, owing to the setting-in of severe bilious derangements.

Note.—The prominent symptoms which *Lycopus* failed to relieve, were—neuralgic pains in left side of face; flushings, with sense of heat; choking sensation in throat; and hepatic complications.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

THE MEDICAL TREATMENT OF MR. GREELEY.

When a great and good man dies, the medical treatment to which he was subjected becomes of great interest to the medical profession of all schools.

The whole allopathic school now look back with feelings of horror and regret upon the treatment of George Washington, as detailed by the medical men of that day, and a recent writer of that school has not hesitated to assert that the treatment was murderous. The death of Mr. Greeley occurring under peculiar circumstances, has made a profound impression, and it is not improper for us to inquire into the treatment under which he died.

We will first glance briefly at the causes which led to his illness. He had just passed through a very exciting campaign in which the demon of personal vituperation and malignant invective had been let loose to a greater extent than ever before. He had been caricatured with almost devilish malignity by an artist whose resources in that direction are unequalled.

Mr. Greeley was as sensitive as a child, and as the canvass progressed, this sensitiveness became extremely morbid in extent. He felt that he had been grossly misrepresented and his highest and purest aspirations misconstrued, and represented as selfish and unpatriotic.

If we add to this the death of his wife, and his devoted attention to her in her last illness, during which he had passed many anxious and sleepless nights by her bedside; we have all the elements which would be apt to cause a dangerous cerebral

malady in a less nervous organization than that of Mr. Greeley.

For several days before any medical man was called in, he had occasional paroxysms of intense pain in the head; at times he would burst out in incoherent expresssons of sadness alternately with expresssions of rage at trivial matters.

It seems that Dr. Edward Bayard, a homœopathist, who had been Mr. Greeley's physician, prescribed *once* for Mr. Greeley, "a powder to make him sleep, but on the morning after, he was more restless and haggard than ever." At this juncture a Dr. Krackowitzer, chief surgeon of the German Hospital (allopathic), was sent for. In a conversation with a reporter, Dr. K. states that he found him suffering *with great mental depression*, despondence; he had lost all confidence in himself; said he was ruined and had ruined his friends; he would sit in silence, brooding over his sorrows for hours; he could neither eat nor sleep.

Dr. K., believing that Mr. Greeley needed *sleep*, gave him thirty grains of the *Bromide of Potassium* every night for several nights, during which period the patient *grew worse.*

If the pathogenesis of this drug is consulted, it will be seen that it *causes all these symptoms.* It is therefore no wonder that a malignant aggravation should occur from such pathogenetic doses.

Dr. K. then invited Dr. Brown of Bloomingdale Insane Asylum, to see Mr. Greeley, in consultation. He advised that the patient be removed to a private insane asylum, and that of Dr. Choate, at Pleasantvilla, was selected. It is not known to what treatment Mr. Greeley was subjected while in this asylum. It is a suspicious and significant fact that both Dr. Brown and Dr. Choate refuse to give any information on this point.

Towards the latter part of Mr. Greeley's illness, Dr. Brown Sequard was called in. He stated to the reporter that the patient was "too far gone to leave any hope of recovery," but it seems that he tried the application of an iron rod, heated to a white heat, to the spine, from the nape of the neck to the sacrum, but without eliciting any expression of pain from the patient.

Dr. Brown Sequard gave it as his opinion that "the base of the brain, as well as the upper part, was affected," as he thought he discovered "pus in one eye, one side partially paralyzed and gangrene in the right nostril." But the distinguished Dr, W. A. Hammond, who was called in the next day, says there was "no paralysis discernable, and I judged that the motor tract which is at the base of the brain, was not involved."

Here we see a singular variance of opinion between two men equally renowned for their study and treatment of the brain and nervous system. Dr. Hammond found him delirious; not a glance of consciousness remained,"—"he merely answered questions, and whenever he did, the answers were wrong. He seemed to be troubled nearly all the time with pain in the head, (in the forehead,) pulse very feeble (125) and intermittent. He was in a strange condition of antagonism to all who surrounded him; if asked to open his eyes, he would shut them tight; if asked to put out his tongue, he shut his mouth; I gave it as my opinion that he was suffering from *inflammation of the membranes and cortical substance of the brain.* I believed the morbid process involved almost entirely those parts of the brain which presides over the intellectual functions."

Dr. Hammond states the case was utterly hopeless when he saw him, but that he advised concentrated nutritious food and stimulants. He says, "I believe it was a great mistake that stimulants were not given him before." Mr. Greeley was therefore given half a pint of beef-tea, mixed with two glasses of sherry wine, when he immediately went into a calm, quiet sleep, and was so sleeping when Dr. H. saw him last. The next day he died.

This is all we have relative to the treatment of this distinguished patient. A feeling springs up, unbidden, that something about it was wrong, In the first place we find the lamentable routine practice so prevalent nowadays, of giving *Bromide of Potassium* to *force* sleep. In the case of Mr. Greeley it was evidently *not* the appropriate remedy, nor given in the appropriate dose. *Bromide of potassium* is homœopathic to cerebral anæmia—i. e. it is the primary effect of large doses

After this effect passes off we have cerebral congestion. The large doses given in this case *increased* the anæmia, to be followed by cerebral congestion and irritation, which latter condition readily ran into a low grade of inflammation. If the bromide was to be given at all the dose should not have exceeded one grain or two, or even less, repeated every 3 or 4 hours, and its use should have been connected with the administration of nutritious phosphatic food and nervous stimulants. Those who are acquainted with Mr. Greeley's habits know that he was the most temperate of men, eating sparingly at all times, never drinking wine or other spirituous liquors, nor tea and coffee.

During the time of his campaign, his brain was subject to a terrible strain, which left it anæmic and irritable. Then the loss of sleep while watching over his wife increased the difficulty. In this condition, to attempt to *force* sleep by a Bromide or any cerebral sedative was simply absurd.

Sleep could have been induced in a better and safer manner by milk-punch or wine whey. But it is my opinion that homœopathic doses of *Coffea*, *Phosphorus*, *Cypripedin*, or *Scutellarin* would have brought about the desired result. If these failed I should have given him egg-nog or milk-punch with a few grains of *Hypophospite of Soda* in it, several times a day. I am not sure but *Atropine* 2d × trt. would have met all the indications, aided by good nutritious food. Dr. Hammond was doubtless correct in his diagnosis and plan of treatment, and it is to be regretted that (if not under good homœopathic treatment) he could not have been under the care of that really scientific and skillful physician.

Even when Dr. Hammond saw him, *Zinc met.* or *Zinc phosphide* in the 3 × or 6 × trt., may have been of some service, aided by active stimulation.

The refusal of Drs. Brown and Choate to give the symptoms and treatment of Mr. Greeley while under their care, will not be commended by the public or the profession.

Medicine is not a secret art, to be kept from the people, nor will the plea of professional propriety screen them from just censure. The fact that this secret treatment was instituted

while Mr. Greeley was an inmate of an Insane asylum will not lessen the suspicion and repugnance with which the intelligent portion of the community are beginning to look upon such Institutions.

E. M. HALE.

P. S.—Since the above was written, Dr. Bayard a homœopathic physician, and the medical attendant of Mr. Greeley's family, has given the public a statement relating to previous illness of Mr. Greeley, which was of nearly the same character as his last and fatal attack.

Dr. Bayard says, in his interview with the Sun Reporter :

Now I will tell you all I can remember of his illness after the disastrous retreat of the Union army from Bull Run. I can only give you a general notion of it, for I must depend on memory alone, and it occurred twelve years ago. I made some notes of my treatment and the symptoms of the disease at the time, but I have been unable to find them. I cannot even give you the date, but perhaps the battle of Bull Run will fix it near enough. It was just after that. I was called in to see Mr. Greeley, and I found him utterly prostrated in body and mind. He was stretched at full length on the sofa when I entered ; his face, which was naturally very white, as you know, was exceedingly pale even for him, and he looked to me as though he was fast breaking up into a total wreck. He took very little notice of anybody around him, and did not even salute me when I approached him. He had lost his appetite, and was unable to sleep. His thoughts seemed to be continually dwelling on one subject, and he repeated these words all the time, seldom varying them : "I am ruined ! The country is ruined, and I am instrumental in its ruin. I wish I could die. I never can survive it."

It seems to me as I looked upon him, that his mind was fast slipping away. There was no evidence of insanity, however, either then or at any time during the sickness. I saw what the matter was in an instant. Mr. Greeley had overtaxed his brain and body, and the sudden reverses of the Union army at Bull Run had fallen upon him like a crushing shock. He saw brother arrayed against brother in deadly strife, and his name was mentioned by his enemies as one of the main causes of the bloody war. It was too much for his sensitive organization, weakened as it was by hard, unremitting toil, and he sank under the blow and became as powerless as a baby. "The grasshopper had become a burden to him." He had been pouring his very life out as from an open-mouthed pitcher. It was my business to reverse the pitcher, and save what little of vitality was left.

My treatment was entirely homœopathic. Its object was to arouse the vital spark so nearly exhausted, and to resist the tendency to sink under his burdens, not by stimulation, which abstracts but never adds to force, but by remedies so adjusted under the homœopathic law as to excite the resisting powers of his nature. I cannot now remember precisely what I

prescribed, but I was careful not to give him large doses, which overwhelm the system. In ten days he was well again, and at his work as usual. He had fully recovered his spirits, ate with zest, and slept peacefully.

Reporter—You say that he never exhibited any signs of insanity?

Dr. Bayard—Never. He was perfectly sane, but laboring under depression of spirits, caused by a great shock to his sensitive organization, which had been weakened by constant overwork of mind and body.

Reporter—And in all respects except the phase of insanity Mr. Greeley's disease was similar to that which recently ended in his death?

Dr. Bayard—So far as I can learn, precisely similiar. I was not called in to see Mr. Greeley in his last illness, and, of course, can only speak of that from what I have heard. I can easily understand, however, that Mr. Greeley might have been irritable without being insane. Deserted by the blacks, for whom he had fought all his life; deserted by the Irish, whose best friend he had proved; and, finally, sent from a friend's house to a private madhouse, wasn't that enough to make a man crazy? He wanted gentle treatment, kindness, quiet; in the place of that, so far as I can understand, many were continually irritating him. A man in his condition may fly into a passion and break a watch, without necessarily being pronounced insane. One of the doctors himself says that Mr. Greeley was in constant antagonism to them. Does it follow from that fact that he was crazy? I think not. However, I cannot talk much upon the subject of his death, for I had nothing to do with him at that time.

Remarks:—After reading Dr. Bayard's statement, the conviction is forced upon us that Mr. Greeley's death was the indirect result of inappropriate, and allopathic treatment, and we believe he might have been restored to a life of usefulness for many yeary, had he been under different hygienic and medical treatment during his last illness.

H.

VERATRUM VIRIDE.

A CHARACTERISTIC SYMPTOM.

BY W. S. SEARLE, M. D.

I have come to regard a tongue which has a deep red stripe through the centre, with a white or yellow coating upon both sides, and, as a whole, rather dry (sometimes excessively so) as characteristic of Veratrum viride. I say characteristic because I know no other remedy which has a similar condition. This symptom does not exist in the pathogenesis of V. v. as given by Hale.

I came to the above conclusion clinically, and will tell how as well as I can remember, having no notes of the cases given below. I give them in their chronological order however.

More than a year ago I was called, as counsel, to see a lady of middle age who had Phlegmonous Erysipelas of the face and head. She had been sick about five days, and was now in a state of furious delirium, screaming, howling, striking, so that it took several to keep her on the bed. Pulse was high and strong. No sleep for sixty hours. Tongue very dry, inclined to a brown color on the edges, and with a dark red streak through the centre about ¾ of an inch wide. She had had Bell. Hyos. Rhus and in the outset Aconite.

Our prognosis was that the patient could not live forty-eight hours. On purely pathological grounds I advised Veratrum v. Five drops of the tincture were added to ½ a glass of water, and a teaspoonful ordered every ½ hour. In four hours the patient slept, and in the morning started on her convalescence.

The second case was one of the same character precisely, viz: Phlegmonous E. of face and scalp, in a fleshy lady, in middle life. The same tongue, with the difference of being less dry and having a yellow coat at the sides, was present on the second day. The same remedy was given in the same way, and the disease was at once controlled.

Case third. A scrofulous boy of about ten years was attacked by Inflammatory Rheumatism last spring, after having had twitchings of the same for several months. Both knees and ankles and hips were affected. The joints were swollen red and very painful as well as tender. Fever was high. Appetite gone. Much sweat, and no relief. Tongue, same as above, but with white edges instead of yellow. After three days, in which Acon. Bell. and Bry., had been tried with absolutely no result, and as the patient had to be removed to a distant part of the city as soon as possible, I determined to try the V. v. The same course was pursued with as above I am almost afraid to tell the result, but it is strictly true that within sixty hours that boy was free from pain and fever; was on his legs, was moved, and from that day to this has had no more rheumatism. I never before made so brilliant a cure of inflammatory rheumatism; should be glad to know if any one else ever did.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

LEFT-SIDED ENCEPHALITIS,

Hemiplegia, with aphasia, intercurrent hemiplegia of the right side, perforation and discharge of the cerebral abscess outwardly through the skull, cured.

BY DR. SCHOLZ, OF BREMEN.

B.K., locksmith, 23 years old, entered the hospital April 9th, 1869. Patient a robust, strong healthy man, free from any hereditary or acquired disease,—was attacked three weeks ago by vertigo and dull headache, extending over the whole skull, but worse over the frontal region, with general malaise. There was soon added to it severe fever, loss of appetite, constipation, no vomiting. After two weeks it was observed that the patient could not move the left arm and the left foot, and as he also lost his speech, he was transferred to a ward as an in-patient. The following report is entered on the books: "Patient is of middle size, well developed muscles, moderately nourished, pale skin, blue eyes and curly hair. He lies with closed eyes and does not move; features tired and full of apathy, respiration even, 30 to the minute, pulse moderately full, 92; temperature 42.2. When loudly spoken to, he opens his eyes, but sinks back again into his somnolency. There is an imperfeat ptosis of the left eye, which cannot be opened entirely, and dilatation and slow reaction of the corresponding pupil. Paralysis in the regions of other cerebral nerves, especially of the facialis, could not be proved. He also had left-sided hemiplegia, the reflectory stimulation apparently uninjured. It appeared remarkable that the patient could not speak. The slightly soporous state could not be the cause, as patient reacts

when spoken to, and makes, when requested to do so, all the corresponding motions, as opening and closing the eyes, raising up the not paralyzed extremity, etc. Physical examination of the organs of the chest and abdomen gives nothing abnormal, and the heart is perfectly sound.

Patient remained unchanged for ten days in this state of slight sopor, paralysis and aphasia. The fever was very high, in the evening rarely under 40.0, mornings 38.5 to 39.5 ; constipation, bladder not paralyzed. He laid quietly on the back with closed eyes; no restlessness or jactitation; no spasms, except some rare and quickly-passing stretching of the body. The only medication, small doses of calomel, and ice on the head.

On the 11th day (April 20th,) hemiplegia on the right side, with increased reflex irritability, fever, about the same, but consciousness more dull. This hemiplegia on the right side was still observed in the evening, and passed off towards morning.

Up to the 17th day (April 26,) no change was observed, except that the fever gradually decreased (evening 39.5, morning 39,) and the sensorium was more free ; aphasia and paralysis remained the same ; medication continued, with foot-baths of aqua regia. At the same day the aphasia began to pass off. He could articulate some syllables, and repeat some words, as "good morn," though with great exertion only, but henceforth progress in speaking could be noted day after day, so that after three weeks he fully recovered his power of speech. We would remind our readers that the aphasia did not arise from a loss of power to perceive and to understand, but in the impossibility of finding the conventional expression in sound to the perceived notion, and of directing it in its motory ways.

April 30. On the left side of the head nine ctm. under the sagittal suture in a line corresponding to the coronary suture, an abscess of the size of a walnut formed, increasing up to the fifth of May to a fluctuating tumor of the size of a pigeon's egg. Opened with the lancet, it discharged about twenty grains of good healthy pus, and immediately afterwards a larger quantity of green, thin-fluid pus, with no foul odor, and scantily mixed with white flocks. The introduced probe

showed the periosteum firmly adhering to the bone, apparently uninjured ; no roughness of the bone, but at the bottom of the cavity of the abscess, somewhat anteriorily and upwards from the external incision, a small fissure in the bone about a half ctm. long, and running in its longitudinal diameter from above downwards ; lateral motions could not be executed with the probe, but it entered easily through the fissure to the dura mater, whereby cerebral pulsation could be easily distinguished. By pressing with the point of the probe on the dura mater, which felt tense and elastic, a quantity of green pus was discharged through the fissure, clearly proving that the pus was not seated between tabula vitrea and dura mater, but under the latter ; we had therefore to deal with an encephalic abscess.

Amelioration rapidly took place, and also the hemiplegia decreased from day to day. The abscess healed very soon under simple treatment. A pseudo-erysipelas required another incision, and even that was closed after six weeks. The cicatrix was flat and not adherent. The paralysis of the oculomotorius passed off more slowly, and even when he left the hospital, the eyelid had not fully regained its pristine strength. Patient feels well, and able to attend to his labors.

The seat of the abscess is clear enough, as the aphasia shows an affection of the third convolution of the brain ; it could not have gone any deeper to the thalamus opticus or corpus striatum, or right-sided hemiplegia would have taken place. The ætiology could not be elucidated. Neither trauma, nor infectious disease, nor constitutional affection, was present. Neophasmata in the brain, caries of the bones, had to be excluded, as the patient enjoyed good health before and after the disease. The seat of the abscess is clearly demonstrated by the aphasia and paralysis of the oculomotorius on the left side, and in the right side did not get paralyzed, because the left-sided motory centres, corpus striatum and thalamus opticus, were not co-affected.

The left-sided hemiplegia needs yet some explanation, and we believe with Niemeyer, that in such cases there exists a collateral œdema, extending to the motory centres, with swelling and stasis in the capillaries, causing an arterial anæmia (in

one case) of the right hemisphere; another interesting point in this case is the communication of the cerebral abscess outward through a fissure in the bones of the skull. There is only one similar case reported in the literature, which ended fatally. James Russell published a case in the *Medical Times and Gazette*, Nov. 5th, 1870, where, in a patient suffering with the manifestations of cerebral abscess, an abscess was observed on the right side of the forehead. After opening it, the morbid symptoms ceased, except a severe pain in the region of the protuberantia occipitalis. At the autopsy, a perforation of the frontal bone, filled with soft granulations, was found, corresponding to the incision in the soft parts. The bones on the convex part, as well as on the tabula vitrea and the diploe were found sound and without vestige of suppuration.—*B. K. W., 42. 1872.*

PARALYSIS OF BOTH NERV. ACCESSORIA WILLISIA.—Seeligmuller describes a disease in a girl 24 years old, which began a few years before with difficulty of swallowing and ended in paralysis and atrophy of both sterno-cleido-mastoidei and cucullares; paralytic symptoms at the velum palati (uvula to the right, arcus and uvula are nearly immovable at any attempt of deglutition) and at the larynx (the rima glottidis remains wide during respiration, and at the attempt of pronouncing diverse sounds; speech is articulated and easily understood; not hoarse, but somewhat weak;) pulse rather frequent (90 and over). There is also atrophy and paralytic weakness of the upper extremities, especially on the left side Such a pathological state corresponds to the anatomical state, which *Burchard & Heilderhain* found about the course of the fibres of the internal ramus of the accessorius after its union with the vagus; and it is well known that the cucullaris and sterno-cleido-mastoideus are supplied by the ramus externus. These studies clearly showed that the nerv. pharyngeus contains nearly exclusively fibres of the accessories, the n. laryng. sup. only a few on the ram. musc. crico-thyreodei, then. laryng. inf. s. recurrens, and the rami cardinea exclusively fibres of the accessorius. Physiological experiments perfectly agree with it, as they constantly prove the dependence of the laryngeal muscles on the accessorius. The disease in question is a steadily progressing disease of the medulla oblongata and of the cervical cord, running its course slowly, from above downward, it began in the ramus inter. of the accessorius, and finally attacked the motory nerves of the upper extremities, especially of the left side, a process allowing only the most unfavorable prognosis.—*Arch. f. Psychiatry, III., 2.*

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

HOMŒOPATHY IN MICHIGAN.

We are informed by a member of the Legislature of Michigan that both the Detroit and Lansing Homœopathic Coileges have conferred with members of the Legislature, proposing to discontinue their schools and unite upon the petition presented by the homœopathic physicians of Michigan, *(See Observer January, 1873, page 60,)* provided there shall be an agreement that the Homœopathic Branch of the University of Michigan, when established as proposed, shall issue to the students of their schools, (Lansing and Detroit,) who have already graduated, the University degree. There would be no objection to this if all their graduates had studied the requisite period, in a regular manner, and were undoubtedly qualified, but when students are graduated on short time, and are otherwise incapable, no such compromise would be satisfactory to the profession.

In the light of testimony like the following, how can such a proposition be entertained?

Dr. E. A. Lodge, Editor "American Observer":—I notice in your October and December numbers of "*American Observer*," some statements of the peculiar manner in which one of the professors of the Detroit Homœopathic College reeeived bogus diplomas, and especially that he had received one from the Homœopathic Medical College of Pennsylvania, simply upon representation that he was an M. D., in regular standing. It appears they never asked whether he had received his title from a Watercure establishment or a regular college. I see also the name of Reuben H. Chase, from Maine, on the list of graduates at the Detroit Homœopathic College of June, 1872; and that soon after he was appointed to a professorship in that institution. A physician of this city avers that a Reuben H. Chase came to this city in the Spring of 1871, as an insurance agent, and said he was recently from the Pacific coast, where he had been acting in that capacity. While he was here this physician examined several applicants for him, and also made some medical prescriptions for him. That he was then wholly unacquainted with the subject of medicine. He soon left here, and stated that he was going to Kansas to establish an agency there. The next time he is heard of it is as a professor in the Detroit Homœopathic College, after graduating in that institution in June, only of the *same year* (1872). Yours respectfully ,WM. GALLUPE, M. D."

If the Legislature of Michigan will pass an act similar to the following of the State of New York, it will give general satisfaction, with the exception of the requirement of a knowledge of the Latin language, which cannot be regarded as *essential:*

Laws of New York—By Authority.

CHAP. 746. PASSED MAY 16, 1872.

AN ACT relating to the examination of candidates for the degree of Doctor of Medicine.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State.

§ 2. Such examiners shall faithfully examine all candidates referred to them for that purpose by the chancellor of said university, and furnish him a detailed report in writing of all the questions and answers of each examination together with a separate written opinion of each examiner as to the acquirements and merits of the candidates in each case.

§ 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.

§ 4. The said reports of examinations, and the annexed opinions of the examiners, shall forever be a part of the public records of the said university, and the orders of the chancellor addressed to the examiners, together with the action of the regents, in each case shall accompany the same.

§ 5. Any person over twenty-one years of age, of good moral character and paying not less than thirty-five dollars into the treasury of the university, and on applying to the chancellor for the aforesaid examination shall receive an order to that effect, addressed to one of the boards of examiners, provided he shall adduce proofs satisfactory to the chancellor, that he or she has a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language, and that he has diligently studied medicine not less than three years, under the direction of one or more physicians duly qualified to practice medicine, or has himself been licensed, on examination, by some medical society or college legally empowered to issue licenses or degrees in medicine.

§ 6. The regents of the university, on receiving the aforesaid reports of the examiners, and on finding that not less than five members of the board have voted in favor of a candidate, shall issue to him or her a diploma, conferring the degree of doctor of medicine of the university of the State of New York, which degree shall be a license to practice physic and surgery.

§ 7. The candidate on receiving said diploma, shall pay to the university the further sum of not less than ten dollars.

§ 8. The moneys paid to the university, as aforesaid, shall be appropriated by the regents for the expenses of executing the provisions of this act.

§ 9. The regents may establish such rules and regulations, from time to time, as they may deem necessary to insure the faithful execution of the provisions of this act.

§ 10. This act shall take effect immediateiy.

If the clause §5, referring to "*a competent knowledge of the Latin language,*" is understood as requiring only such knowledge of that language

as is absolutely necessary to the physician, then this will not be objected to by intelligent practitioners.

No reasonable physician of any school should expect anything more liberal. We are in favor of conciliations and fair compromises; but we have no sympathy with the few extremists who represent merely five per cent. factious minorities, ready for the sake of gratifying petty personal piques, or for other motives apparently equally mean, to persist in efforts to obstruct and thwart the large majority of the homœopathic physicians of the State of Michigan, who work to get from the State and University, for Homœopathy, *all that can be obtained. Unintentionally these men are helping our opponents and injuring themselves.*

New Remedies—Third Edition.—We have received a review of "*New Remedies*" but are obliged to defer its publication until the March number.

Several very annoying delays occurred in getting out this book, many of which were unavoidable on our part. It is now finished, and we trust the labor which has been expended In its preparation and publication will be appreciated.

It contains 544 octavo pages; 470 of which is the book proper, giving the characteristic symptoms of 169 remedies; 38 pages appendix: 30 pages clinical repertory, and six pages index.

Copies bound in morocco, cloth sides, are five dollars. Interleaved with blank paper, seven dollars. A few copies have been bound with the first edition, and are offered at seven dollars.

The orders received before the book came from bindery exceeded one-half of the whole edition, so that it is expected the whole will be sold in a few months.

The Homœopathic Medical Society of Pennsylvania will convene in its eighth annual session, in the east wing of the capitol building, Harrisburg, Wednesday, February 5th, 1873, at 10 o'clock, A. M., and continue in session until the business of the Society is transacted. The annual address will be delivered in the hall of the House of Representatives, on Wednesday Evening, February 5th, at 8 o'clock, by Thomas Moore, M. D., of Germantown. Subject: "Homœopathy; the science of therapeutics—its natural law, and the essential conditions of that law." Headquarters will be at the Keystone Hotel, corner Third and State streets, opposite the capitol. Excursion tickets, at reduced rates, good from February 3d to 10th, inclusive, will be issued by the Pennsylvania Central Railroad Company; orders for the same may be obtained by addressing the Corresponding Secretary, Pemberton Dudley, M. D., No. 684 North Twelfth-st., Philadelphia, stating the number of tickets required, and enclosing stamp for return postage.

Two Qualities of Men—*Negative and Positive.*—A good observer remarks :—"There is a negativeness of character which is often mistaken for amiability, or impartiality, or some other kindred virtue. The person possessing it never takes sides on a question of importance enlisting the interest and action of men, and is equally well pleased which ever party wins in the contest. The future of the church, of the government, of society, of man, are of but little account to him, so that he is left undisturbed in his quiet, plodding, aimless journey through life. He avoids the opposition, strife and bitterness encountered by the positive man, but then he is practically, and for all useful purposes, nobody ; accomplishes nothing in life, and dies to be forgotten as soon as he is buried. On the other hand, there is a positiveness of character not unfrequently mistaken for hardness, selfishness, arrogance, querulousness. The positive man has a purpose in life, and in all questions of great interest firmly plants himself on one side or the other, and will make himself unmistakably felt, whether the decision be for him or against his cherished view. All matters of public interest engage his best powers ; and find in him either an earnest advocate, or an active, persistent opponent. Men will call him hard names, and some will heartily hate him. But then he is a force in the world, and all there is of science, art, education, government, is attributable to him. While he lives he is the only useful element in society ; and after his death even his enemies will rejoice at his virtues, and vie with his friends in their efforts to perpetuate his memory among men."

One man has uppermost in his thoughts his own comfort, convenience and reputation. "What will people say?" "How will this affect my interests, etc." Another is too much busied with principles to stoop to mere policies ; he cares for character and comparatively little for mere reputation. The one may be in a measure in the hands of his foes, the other cannot be injured by the malice of the cruel, or the falsehoods of the vile. The one is crushed and silenced by his enemies, the other moves nobly on, makes every blow for truth tell ; drives the nail, clinches it, and then drives another. That one is a mere dough-face, wavering as the vane, hardly daring to have a thought, and ends in losing all capacity for right thinking or brilliant acting. This one lives for others, not merely for self, and the success of reformatory movements attest the value of his life in the world. The one dies and is hardly missed, the other passes away and hundreds ask "*Who shall fill his place?*"

Brooklyn Lying-in Asylum.—*E. A. Lodge, M. D., Editor, &c. My Dear Doctor :*—Having noticed in some of our journals a paragraph stating that Dr. J. L. Monmonier was removed from the residency of the Brooklyn Homœopathic Lying-in-Asylum, on the ground that he is a Roman Catholic, my colleagues on the present staff of that institution have instructed me to deny this report, and to state that he was removed on other and far different grounds. A full history of the matter will appear in the next volume of Transactions of the N. Y. State Homeopathic Medical Society, and pending that, we ask a suspension of judgment on the part of all interested. Meantime it is sufficient to state the fact that the recently appointed Resident is also a Roman Catholic, and that with him we are well satisfied. Yours truly, W. S. Searle, M. D.,

132 Henry Street, Brooklyn, N. Y., Dec. 10th, 1872.

Personal Notices, etc.

DRAKE.—Dr. E. H. Drake, the oldest and most successful homeopathic physician of the city of Detroit, was thrown from his cutter, on Lord's Day, Jan. 12th, and very severely injured. He was out making professional calls, when several horse-jockies crossed his road, at a 2.40 gait, coming violently in collision with his sleigh, throwing him out upon the point of his left shoulder. The shoulder was dislocated and such other injuries sustained that he may not be completely restored for some months. During his illness he has been visited by the physicians of both schools, and it has been gratifying to observe that the sincere sympathies of the allopathic M. D.'s led them to show their respect for him. All of our readers will unite with us in desires for his speedy convalesence.

Since Dr. D.'s injuries, many others have been thrown down and run over in our streets by the horse-racers. The permission for racing in the public streets at any time deserves severest reprobation; to license it on the Lord's Day; or to let such practice go unpunished, will certainly lessen the respect good citizens have for our city law-makers.

DRIGGS.—Dr. H. C. Driggs has opened an office at 154 East 115th-st., New York City. When we came to Detroit, fourteen years ago, we found Dr. D. practicing with Drs. Drake & Ellis, and remember him as a good physician, skillful and gentlemanly. In justice to him we state that this notice is unsolicited. Our New York friends having patients above 100th street that they cannot conveniently attend will do well in recommending Dr. Driggs.

FULLER & ADAMS.—Partnership between Drs. Fuller & Adams, of Pontiac, Michigan, has been dissolved. Dr. Fuller remains at Pontiac and Dr. Adams goes to Flint, Michigan.

LUDLAM.—The Chicago Daily *Tribune* of Jan. 20, 1873, says: "To a well-esteemed physician of this city, Professor R. Ludlam, of Hahnemann Medical College, belongs the honor of recent entire success in one of the most difficult and perilous operations of modern surgery, ovariotomy. The patient, a lady in Aurora, was relieved of an encysted tumor weighing 27½ lbs. Three weeks have since elapsed, and the subject is well advanced toward recovery."

VON TAGEN.—Dr. C. H. Von Tagen, of Harrisburgh, Pa., has been appointed to the chair of Ophthalmic and Aural Surgery in the Cleveland College, enters at once on his duties, making Cleveland henceforth his home. [This announcement was inadvertantly omitted in previous issue.]

NECROLOGICAL.

FAGER.—Dr. J. H. Fager, of Harrisburg, Pa., died last August, after 40 years' practice, thirty years of which was devoted to Homeopathy. The doctor was highly esteemed both by his professional brethren and the community generally.

REMOVALS.

BENNETT—Dr. Hollis K., from Whitehall, N. Y., to Fitchburg, Mass.
BREYFOGLE—Dr. C. W., from Louisville, Ky., to San Jose, California.
FLANDERS—Dr. Geo. T., from Tunbridge, Vt., to Minneapolis, Minn.
HEARD—Dr. Thos., from Richmond, Ind., to Indianapolis, Ind.
LEFEVER—Dr. Isaac Lefever, from Mechanicsburg Pa., to Harrisburg, Pa

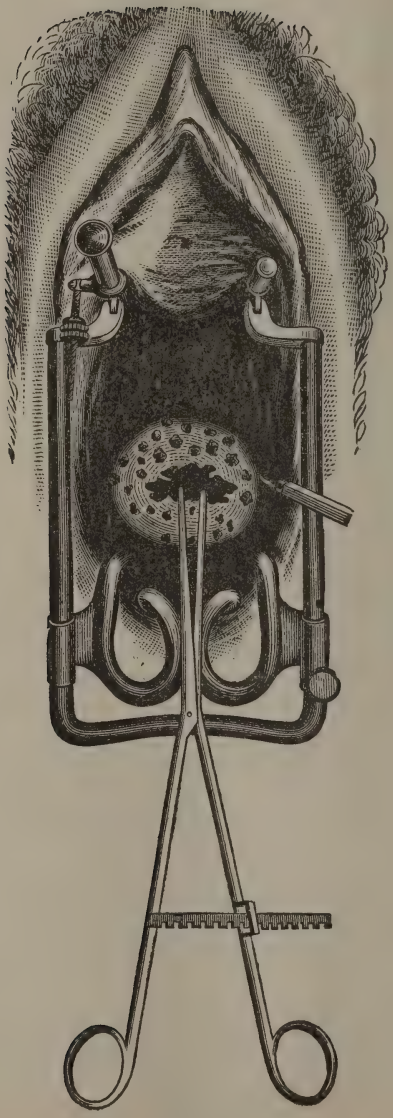


Fig. 10.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

*CLINICAL NOTES ON THE ELECTRIC CAUTERY IN UTERINE SURGERY.**

BY J. BYRNE, M. D.

Surgeon-in-chief to St. Mary's Hospital, for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

In the preceding remarks it has been my aim to deal only with such questions as seem to have a practical bearing on the subject of galvano-cautery; so that, for the sake of avoiding tedious details, many points of great interest and importance have been barely noticed, or passed over entirely.

With the same object in view, the clinical part of this paper will consist of a tabular record of operations, their subdivision into groups or classes, and such comments thereon as may serve to elucidate the more striking features of each, together with a few illustrative cases.

The whole number of cautery operations thus far occurring within my own observation has been seventy-three as follows:

19	cases of	epithelioma, including cauliflower cancer.
11	"	encephaloid, or medullary cancer.
13	"	catarrhal, inflammatory, and ulcerative affections of the cervical canal of uterus.
5	"	amputation of cervix (non-malignant.)
4	"	fibrous and fibro-cellular polypi.
4	"	sessile fibroid tumors.
2	"	deep ulceration of os and cervix.
1	"	intra-uterine vegetation (non-malignant.)
2	"	vesicular tumors of urethra.
4	"	granular urethritis.
3	"	hemorrhoids.
1	"	perineo-vaginal fistula.

* (*Medical Record.*)—Continued from page 84 American Observer, 1873.

1 " lipoma of scalp.
1 " lipoma of cheek.
1 " lipoma of ear.

73

Of the thirty cases of malignant disease.
17 were of the uterus alone.
7 " " uterus and vagina.
3 " " perinæum and vagina.
1 " " left labium.
1 " " clitoris.
1 " " breast.

Among the nineteen cases of epithelioma,
7 were indurated or ulcerated only, and
12 were of the vegetating or cauliflower character. Of the latter,
7 were of the cervix uteri alone.
3 were of the perinæum and vagina.
1 was restricted to the left labium.
1 was restricted to the clitoris.

The following table shows the date of operation, the parts involved, and the condition of patients UP to DATE, in seven cases of epithelioma in its ulcerating stage of development.

TABLE I.

	Date of operation.	Parts removed.	Progress.
1	May 10, 1870	Posterior lip.	Patient left hospital well, and though lost sight of since, believed to be cured.
2	July 7, 1871	Entire cervix.	No return of disease, health entirely restored.
3	July 26, 1871	Anterior lip.	No return of disease; died some months after from other causes.
4	Jan. 25, 1872	Entire cervix.	No return of dise ase; general health entirelÁrestored.
5	Feb. 28, 1872	Entire cervix.	No return of disease.
6	June 5, 1872	Conical piece from centre of cervix.	Disease reappeared.
7	Nov. 13, 1872	Entire cervix.	Operation at this time believed to be radically curative.

There are two out of the above seven operations that demand especial notice—Nos. 6 and 7—the same patient being the subject of both, as also of a previous operation undertaken

for the removal of a cauliflower outgrowth (see table II. No. 3). At the time this lady came under my notice, my experience in galvano-cautery was comparatively limited, nor did I fully realize, though not without some misgivings on the subject, the great importance of removing tissues as far beyond those apparently implicated as can be safely done.

In every such instance, therefore, since met with, the removal of the outgrowth has been but the first part of each operation, except where, by traction being made on the tumor at a certain stage, a deeply cup-shaped stump could be insured. Indeed, from what I have since observed, I feel justified in believing that had this rule been observed in the above case, the result would have been entirely different.

As to the failure of second operation in the case of this lady, my explanation is simply this: the anæsthetic used on the latter occasion was nitrous oxide gas, and owing to certain alarming symptoms manifesting themselves a few minutes after I had commenced to operate, I felt impelled, in my anxiety for the patient's safety, to stop much short of so complete and satisfactory an operation as I might otherwise have effected. However, as the patient's general health is yet good, the best results may reasonably be hoped for from the more thorough measures adopted within the last few weeks.

The following case (table I. No. 2) bears so forcibly on the importance of effectually removing all the diseased structures at least, and at the same time so well illustrates my method of operating, that its introduction here may add to the interest of what has been said.

CASE I.

CARCINOMA OF UTERUS,

involving both intra and supra-vaginal portions of the cervix.

About the 1st of July, 1871, I was requested by Dr. George K. Smith to see Mrs.———, aged 47, the mother of three children, the youngest of whom being 10 years old. Previous to three years ago menstruation had always been regular; but since then, and up to within the last fifteen months, symptoms such as usually usher in the climacteric period was observed. The catamenia now, and for over a year past, had lost all the character of periodicity, and metrorrhagic hemorrhages had reduced her to a perfect helpless condition. Her nocturnal pains were almost intolerable; emaciation had taken place to a very remarkable degree, and her anxious, care-worn, and cachectic expression might alone have sufficed to indicate the nature of her malady.

By a digital examination, the cervix uteri was found much enlarged and irregularly indurated. The cervical canal was open to the extent of admitting an inch of the index finger, while the surrounding tissues, as far as could be reached within the neck, were unyielding, extremely tender to the touch, and bled freely on the slightest provocation. Depth of uterus three inches.

Owing to the absence of any circular line of depression at the utero-vaginal point of convergence, it was found impossible to apply the cautery loop in such a manner as to include more than a small portion only of the diseased structures.

This difficulty, though not encountered before, had, nevertheless, been fully considered as one of the many contingencies likely to arise, and therefore, being anticipated, was provided for.

The patient having been anæsthetized, no trouble was found in bringing the diseased part into view, and by the aid of my speculum, ample space was afforded for any manipulation required.

The gentlemen present at this operation were Drs. G. K. Smith, Skene, Dwyer, and Bedell. The cervix was seized by a vulsellum held in the left hand, while with the cautery-knife* the cervix was slowly severed and removed without loss of blood. The same instrument, only more curved by being bent, was now applied to the deeper tissue of the cervix, which, while drawn down by a tenaculum, were cautiously sliced off piece by piece, laterally as well as upward, to the utmost extent deemed safe.

When the parts were thus quite scooped out, a deep bell-shaped cavity was left, from the bottom of which to the fundus uteri measured little over half an inch. No hemorrhage occurred during the whole operation.†

The recovery of this patient was no less rapid than remarkable, and if we expect a very trivial secondary hemorrhage, and some degree of irritation arising from accidental scorching of the vaginal wall, no single inflammatory, febrile, or other complication turned up to mar her progress. She has become strong and robust, and up to a very late period has even menstruated regularly, the flow being of course but very slight, yet unaccompanied with pain or distress of any kind. She is under constant observation, and calls at stated intervals, according to my request, for the purpose of being carefully

---

* The knife should be got into position before heating.

† A microscopical examination showed cancer cells and free nuclei in abundance.

examined. There is but little of a uterus to be felt, and the vaginal canal ends in a kind of cul-de-sac, at the bottom of which a still narrower passage may be detected, in depth about three-quarters of an inch.

The above report of this case was written in the early part of last June, and she is still in the enjoyment of perfect health, having safely passed the climacteric period. That the successful issue in the foregoing case is due to the thorough manner in which the diseased tissues were cored out, I think there can be no doubt. It is also suggestive of the probable causes of failures and disappointments so often met with by some of our best gynæcologists, as referred to in the first part of this paper.

The following case clearly exemplifies the folly of trusting to half-way measures, and also where indurated and ulcerating conditions, however apparently limited in extent, resist judicious and active topical measures, how necessary it is to remove the whole cervix up to, and, if needed to insure success, to scoop out even beyond, the os internum.

CASE II.

CARCINOMA OF CERVIX.

Mrs. H.——, aged 30; has had one child and two miscarriages; applied for advice to the out-door department of St. Mary's Hospital in June, 1871. Menstruation had been regular up to six months before this date, but since then she has suffered from menorrhagia, sometimes excessive, but always prolonged, with shooting pains in the sacral and inguinal regions, and throbbing sensations in the vagina. She appeared much debilitated, and a physical examination of chest showed tubercular deposits in both lungs.

On making a digital examination per vaginam, the cervix uteri was found much tumefied, tender on pressure, and irregularly indurated.

The cervical canal in its inferior half, though open, admitted the sound with difficulty and its most careful introduction was followed by much bleeding. Depth of uterus 3 inches. By the topical application of strong solution of iodine and the use of quinine, iron, and cod-liver oil, the size of the cervix and its hardness seemed to lessen, while her general condition improved in a proportionate degree for a time, so that treatment was abandoned. October 4th she applied again on account of a return of her original symptoms, and on a careful examination her condition was found to be very similar to that first observed, and the uterine cervix much

more enlarged and indurated. It was now decided to try the effect of actual cautery to cervical canal as far up as the os internum, and also around the os tincæ, hoping by such active means to create healthy action and perhaps relieve congestion by producing a drain. At the end of a month the local condition seemed much better, and for two menstrual periods following this last treatment she had no menorrhagia, and her general health appeared to improve.

This improvement, however, was but temporary, for she once more, on the 25th of January, reported herself as feeling much worse than ever, and an examination fully confirmed the truth of her suspicions. She stated that she had been flowing for two weeks continuously, as was very evident from her anæmic look, and on examination the diseased parts presented a much more tumefied and inflamed appearance than on any previous occasion.

It was now decided to remove the whole cervix by galvanocautery. The condition of her lungs rendering the administration of an anæsthetic of doubtful propriety, and being also desirous to ascertain the amount and extent of pain attending such operations, she was induced to forego etherization. The operation may be described as follows: The uterus having been brought into view and steadied by means of my speculum, the cervix was seized with a vulsellum, and the cautery-knife, before being heated, applied posteriorly, the blade directed transversely, and its edges looking upward and forward. The battery being now immersed, the knife was carried completely around the circumference of the cervix close to its vaginal insertion. In this manner a deep and somewhat oblique groove was made which served as a bed for the loop. The latter was now made to embrace the cervix still held in the grasp of the vulsellum, the battery again immersed, and some traction being made during the passage of the heated wire through the tissues, the operation was completed. When the cervix was removed, what remained of the uterus was deeply concave, and its cavity measured less than 1½ inch. There was no hemorrhage during or subsequent to the operation, and what is of some consequence to know, she declared that the pain experienced during the operation was no greater than she suffered repeatedly before, when any active topical application was made.

May 16th. Menstruation has appeared twice since the operation, lasting each time four days, and without the slightest inconvenience or tendency to hemorrhage. She has gained flesh, is free from pain, and expresses herself entirely well. By

a careful vaginal examination, no trace whatever of disease can be recognized either by sight or touch.

A microscopical examination of the part extirpated gave abundant evidence of carcinomatous disease.

As to the eleven cases of epithelioma characterized by exuberant outgrowths from a comparatively narrow base, the same tabular arrangement observed in the first class may be conveniently adopted.

The first case in this table possesses so many features of great interest, that any remarks beyond those embodied in the following history seem uncalled for.

CASE III.

EPITHELIOMA OF CERVIX UTERI.

Mrs. A.——, æt. 48, multipara, has always, enjoyed the best of health up to within a few weeks of my being called to see her, which was in July, 1869. She complained of great back-ache and bearing down sensations, and noticed some discharge of mucus occasionally mixed with blood. Menstruation regular and normal in character and has always been so. By digital examination the cervix was found much tumefied, more particularly the posterior lip, and painful to touch. On inspection by speculum, there was found a slighly elevated and velvety-looking surface stripped of epithelium and extending over at least one-half of the posterior lip. Anterior half of cervix, though somewhat swollen, yet soft to the touch and paler. The local treatment consisted in warm vaginal douching and the application of iodo-glycerine to the diseased parts once and sometimes twice a week. A marked improvement was noticeable after a few weeks of this treatment, and hopes were entertained that it might be permanent. November 9th, I was requested to see her again, when she stated that her old pains and other disagreeable symptoms had lately returned, but in a much more severe degree. Besides, there was this peculiarity, she said, about her sufferings, that she was seized about 4 or 5 o'clock every morning with severe lumbar and hypogastric pain, which lasted up to 9 or 10, but after this latter hour she felt relieved and continued comfortable until the same hour of the succeeding morning. A speculum examination now revealed a similar condition of the uterus to that first observed, when the same active topical measures were once more resorted to, but on this occasion with no improvement whatever.

TABLE II.

VEGETATING EPITHELIOMA.

	Date of operation.	Parts removed.	Progress to date.
1	Jan. 4, 1870	Posterior lip.	No return of disease.
2	Dec. 4, 1870	Left labium vagina.	No return; died from other causes sixteen months after operation.
3	June 18, 1871	A part of both lips which the tumor seemed to involve equally.	Reappeared in ulcerating form.
4	Sept. 13, 1871		Died from causes not attributable to operation.
5	Nov. 1871	Labium and part of perinæum.	Little gained by operation.
6	Feb. 11, 1872	Tumor and cervix.	Had recovered perfectly and no return of disease at last report.
7	Aprl. 26, 1872	Entire cervix.	No return of disease.
8	March 6, 1872	Clitoris.	Believed to be cured.
9	May 4, 1872	Entire cervix.	Well at last report.
10	July 29, 1872	Entire cervix and cauterized, suspicious, watery-looking excrescences on vagina.	Doing well at last report.
11	Nov. 20, 1872	Left labium & nates.	Greatly relieved.
12	Dec. 4, 1872	Left labium & nates	Greatly relieved.

The disease, for some time suspected, was diagnosed as epithelioma, and for the following among other reasons: 1st. The hereditary predisposition existed in a marked degree, and of which important fact I had had some personal knowledge; and 2d. The disease had resisted treatment, constitutional as well as local, well calculated to improve if not to cure a less serious ailment.*

About this time (December, 1869,) Dr. Noeggerath exhibited at a meeting of the New York Obstetrical Society a specimen of epithelioma removed from the cervix uteri by galvano-cautery, and its resemblance to what I had observed in my own patient induced me to request a consultation with Dr. N.

This having been readily assented to, and my diagnosis concurred in, it was decided to remove the diseased part by galvano-cautery, and the operation was performed on the 4th of January, 1870.

* This latter fact is, in my opinion, of the utmost importance in all such cases, and presents strong presumptive evidence of malignancy.

This was accomplished by the platina loop, the shape of the tumor rendering this a work of no great difficulty, and the part excised embraced nearly the entire vaginal portion of the posterior lip.

A little glycerine and tannin was brushed over the cauterized surface, the bowels kept quiet by opiate suppositories for a few days, and in less than two weeks the patient, with no other local treatment save tepid vaginal baths, was up and about. On the 1st of February, 27 days after the operation, the healing process was found to be so nearly complete that nothing farther seemed needed, and being entirely relieved of all pain she rapidly recovered strength.

A careful speculum examination, however, was made every few weeks for some time, with a view of detecting any reappearance of the disease, but nothing of the sort being noticed, these precautionary measures were abandoned after a few months. About a year ago this lady requested me to see her again, and stated she had lately suffered so much from pelvic pains, referable particularly to the bladder and pelvic region, that she feared there might be some return of her former difficulty.

A careful examination failed to detect anything more than a slight abrasion on the posterior aspect of the os tincæ, and a certain degree of firmness of the part from which the disease had been removed. This however, was attributed to mere congestion of the part, and active topical applications quickly restored the parts to their natural condition.

Other measures calculated to relieve slight cystitis, which undoubtedly caused much of the pain and distress complained of, were prescribed, and the patient rapidly recovered. Six months ago (May 20. 1872,) I was requested to see her, when she informed me that she began to feel a little anxious on account of some slight mucus discharge and more or less tenesmus. It was deemed best to examine into the state of the uterus : this was found to be in a condition precisely similar to that of twelve months previously, and after two applications of iodo-glycerine to cervical canal, the improvement at last examination was so great that no further treatment was called for.

Menstruation has not yet appeared regularly, and this last attack was doubtless due to a scanty flow at a previous period. It should have been mentioned, that the outgrowth when removed was submitted to a careful microscopical examination,

and all the evidences of true epithelioma were present. It is now nearly three years since the operation.*

CASE IV.

The second case in the preceding class was one of extensive epithelioma, involving the whole of the left labium vaginæ in an old lady aged 70. The entire part was removed by cautery, and in less than one month from the date of operation the surface healed and seemed to be covered over by perfectly smooth and healthy material. She continued to enjoy good health, for one of her years, during the succeeding twelve months, when symptoms indicating cancerous disease of mesentery and other internal parts rapidly became developed, and from which she succumbed 16 months after the operation. It is worthy of remark, however, that the surface from which the diseased mass had been excised remained perfectly healthy up to the time of her death, nor were any of the pelvic organs concerned in the final work of destruction.

CASE V.

The case having already been referred to (No. 5, Table I.) calls for but little further notice. This lady whose age is thirty-one, a widow, consulted Dr. J. Marion Sims, in consequence of having been informed by her physician than she had cancer of the womb, which she did not believe, at the same time giving as a reason for her opinion the fact of her having had little or no pain or uncomfortable feeling in that region; and, moreover, that after full inquiry she felt satisfied there was no hereditary predisposition to such a disease. Menstruation had always been regular, and she had had no hemorrhage, but during the menstrual intervals she had of late noticed some watery discharge of an offensive odor.

Dr. Sims recognized a large cauliflower mass springing from the whole circumference of the cervix, and spreading out so as to occupy a great part of the vaginal cavity. He advised its removal, and requested me to operate by galvano-cautery, which I did on the 18th of June, 1871. In this operation the neck of the tumor was embraced by the wire loop and its removal thus effected; but in addition to the mistake of leaving too much behind, as before stated, there was also another error committed, which on account of the clinical lesson it teaches ought not to be overlooked. The instrument shown in Fig. 2 was then new, and used on that occasion for the first time, so

* A few weeks ago (Nov. 26) the uterus was carefully examined, but no evidence of a return of the disease could be detected.

that I was not accustomed to this improved means of contracting the loop, and miscalculated as to the screw motion. The consequence was that the tissues were too rapidly severed, and though there was no loss of blood whatever at the time, an alarming secondary hemorrhage took place about thirty-six hours after the operation, requiring the use of a tampon.

No. 4 is a case where I assisted Dr. James L. Brown in operating, and which has been reported elsewhere. This was a promising case, and its fatal termination had nothing whatever to do with the merits of the operation; death being caused mainly by imprudence on the part of the patient, and other circumstances beyond the control of her medical adviser.

The patient, in whose case parts of the right labium and perinæum were removed on three occasions (Nos. 5, 11 and 12,) is the wife of a physician in this city. The cautery was resorted to in this instance merely for the purpose of excising portions of a large suppurating and offensive mass, hoping thereby to contribute in some measure to her comfort, or rather to modify her suffering.*

The extent to which the rectum, vagina, and neighboring parts were involved, was such as to render the case an utterly hopeless one, and consequently nothing beyond palliative effects conld be looked for from any operative proceedings.

(Continued in April No.)

REMOVING A FOREIGN BODY FROM THE NOSE.—"Ranking's Abstract" relates the case of a child from whose nose surgeons failed to remove a cherry-stone, and were outdone by the village barber, who administered an emetic, and, at the moment when vomiting was about to commence, clapped a handkerchief tightly over the mouth of the child. A correspondent of the *Atlanta Medical Journal* tells quite as good a story of a Southern practioner who was called to see a child with a foreign substance in its nostril, which had held its position in spite of efforts for its removal directed by the professional skill of "all the region round." On the way, the doctor was saluted by an aged negro woman, who asked him if he was going to see that child. On receiving an affirmative answer, she said, "Put yer finger 'long side the nose, t'other side from the thing, and with yer own mouf over the child's mouf, blow hard, and it's bound to come out." He followed her directions, and the result was as she had predicted.

---

* Dr. Geo. M. Beard has also operated previously in this case by electrolysis, but with little effect.

Materia Medica Observations.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

[The following articles were intended for appendix to third edition of New Remedies, and were correctly addressed to publisher; they miscarried, however, and going to dead letter office at Washington, did not arrive at Detroit until too late to be included in the book.]

BROMIDE OF CALCIUM.

This new Bromide is said by Dr. Hammond and others to have effects which resemble both Bromide of Potassium and Chloral Hydrate, and is preferable to either when there is congestion of the brain together with delirium and sleeplessness; or in sleeplessness alone, from great nervous irritability. I have given it a few times in the sleeplessness and cerebral irritation of teething children, and like its effects better than any other remedy. A few grains of the 1st dec. trit. for a child, or 10 to 15 grains for an adult, to be repeated every 2 or 4 hours until relief is obtained.

CALABAR BEAN.

When writing the pathogenesis of this remedy, I predicted its value in Cerbro-spinal Meningitis. Several cases have lately come under my observation, in which patients in an apparently dangerous condition from that fearful malady, have promptly recovered under its use. It was given in the stage of general *tetanic rigidity;* retraction of the head; severe headache with great heat in the head, flushed face; vomiting when raised up; respiration hurried and irregular; pulse 100; urine scanty, etc. The dose in each case was 10 drops every two hours, of the mother tincture. Two cases occurring in my own practice, both children, I believe were saved by its use, in 10 to 15 drops of the 1 × dil. every 2 hours.—*Hale.*

CHLORAL HYDRATE.

Dr. S. Swan, of New York city has lately reported a case where this remedy was of remarkable benefit. " Mrs. B., aged 50 had dropsy of the cellular tissues of the lower abdomen, forming an immense roll entirely around the body, cold and hard ; also dropsy of the legs which where spread widely apart by an enormously distended vulva. On the lower legs both on the anterior and posterior surfaces were large ulcers, covered with a black crust, from under the edges of which issud thick creamy pus, while from the under side of the leg continually dropped ice-cold water. Above the umbilicus there was emaciation, with no œdema in the face, and but little in the hands, the palms of which had the pinkish hue often seen in the last stages of consumption. There was very violent perturbation of the heart with regurgitation, and an occasional sensation as if the heart turned over, and diagnosed as a diseased condition of the mitral valves. There was great dyspnœa with very labored action of the lungs, and the emaciation of the neck showed plainly the distension and violent action of the blood-vessels. She complained of a fluttering as of birds, pouring all through the chest ; pulse 140. urine nearly suppressed, passed with great pain, a teacupful in 24 hours of thick, high colored urine. There was a large bedsore at the end of the spine, which had the greenish appearance indicating gangrene. She could only remain in a sitting position, and had been without sleep for three days. Her sufferings were dreadful to witness and in broken accents she prayed for relief. Neither Dr. Helmuth or myself supposed she could live through the night, and to relieve her agony and let her die easy, at the suggestion of Dr. H., 5 grains of Hydrate of Chloral in a teaspoonful of water, was ordered to be given every 15 minutes until relief was obtained. The next day is was found that she had taken the whole supply, (how much ?) and had got no sleep, but was easier, and the action of the heart not so violent, pulse 100. The same remedy was given in 10 grain doses every hour. She got no sleep but continued to improve, but as she wanted to sleep the dose was increased to 15 grains every 3 hours. The next day I

found that she had slept, but not soundly. The heart had resumed its normal action, which, on account of its diseased condition, was disturbed and intermittent, the respiration was easier, and she had passed a large quantity of high colored, but tolerably clear urine. She refused to take any more of the medicine, as it had become nauseous to her, but from that that time she improved in every respect, and there appeared a good prospect of an ultimate recovery, when the hot weather in June seemed to overcome her and she died peacefully."

Dr. Swan says he attributes the entire change in her condition to the Chloral. He found on experiment, that the 1000th potency(!) would also relieve any increased action of the heart, and oppressed respiration. He states that he has since used it in 9 cases of phthisis, when the palpitations were violent, and in one case where they could be heard by the attendant, as well as the patient ; with great difficulty of respiration requiring constant fanning, and found that it gave very rapid relief. I have often given it successfully for similar symptoms in *hypertrophy with dilatation.* It is singular that while Dr. Swan relieved with the 1000th, I relieved with 2 or 3 grain doses of the crude ! Dr. Swan made a fragmentary proving with the 200th, and says he got some of the above chest-symptoms, "a peculiar fulness and tightness of the chest, with a sense of emptiness of the stomach." By reference to the pathogenesis in the *New Remedies, 3d edition,* it will be seen that I predicted its value in "weakened heart."

Prof. Erlenmeyer, records the following symptoms caused by Chloral :—Collapse, decrease of frequency of respiration (even as low as 4 to the minute,) livor of the lips ; lower jaw hanging down ; the tongue pressed backward ; pulse first decreasing in frequency, then accelerated, small, hardly to be felt; tendency to fainting and vomiting ; trembling ; cramps and clonic contraction of the calves of the legs ; decubitus; petechiæ ; purple erythema. It is my conviction that Chloral will in time become a very valuable homœopathic remedy for many serious and important morbid conditions.

CUNDURANGU.

Since writing the brief notice of this medicine, Dr. Clotar

Mueller of Germany, reports that he has used it in some twenty odd cases; some were real carcinoma, others benign (purely scrofulous,) glandular swellings and indurations, and in the latter it shows no action whatever, neither aggravation nor amelioration. It also fails to act in scirrhus induration; size, hardness and lancinating pains in it, and neighboring parts remain unaltered. "*But favorable action may be expected in open cancer.*" He cites three cases; (1) Carcinoma of the lip, an unclean and sinuous ulcer about the size of a dime, with surrounding hardness and swelling; burning pains; lip everted outward; emaciation; 5 drops of the 1st dil. morning and evening; in ten days the ulcer looked better, in ten weeks the ulcer had healed, and the surrounding hardness reduced to a mininum. (2) On the right of thorax and around the nipple, several tumors of which two suppurated and formed sinuous, ugly looking, foul smelling ulcers with raised edges. The Cundurangu was given as above, and in two months the tumors became smaller, softer and not painful to pressure, and the ulcer cicatrized. (3) An ulcer seated on the false ribs, of the size of the hand, beginning years ago. It looked carcinomatous with its high uneven edges, with its deep small islets of half destroyed cellular tissue and muscular fibres at the base, and with its ichorous acrid scecretion; the pains were severe; after six months of taking Cundurangu, the ulcer had decreased to half its size.

I fail to see in the above report any proof that the ulcers were *cancerous*. They were probably nothing more than foul, unhealthy ulcers. Several homœopathic physicians in this country have found it useful in "foul and obstinate ulcerations," but no case of true cancer has been reported *cured* by it yet. Dr. Andrews recently stated before the Chicago Academy of Science, that he had corresponded with many of the most eminent physicians of South America, relative to the Cundurangu, and while they all denied its curative powers over *Cancer* or *Syphilis*, they asserted its usefulness in "old obstinate foul ulcers." This appears to be the general result of experience with this medicine. It is probably no more powerful or useful than Phytolacca or Stillingia.

EUCALYPTUS.

o Typhoid diarrhœa and dysentery.—*Wooster.*
o In vesical catarrh it alone cures.—*Ib.*
o In spasmodic stricture it relieves with great promptness—*Ib.*
o In all affections of mucous membranes its action is remarkable.—*Ib.*
o Acute gonorrhœa it cures promptly.—*Ib.*
(It has no anti-periodic action.)—*Ib.*

The experience of many homœopaths with it this year proves its value in ague. "Of 432 patients treated with this drug for intermittent fever, 310 were perfectly cured, 202 with one dose; 108 still had several paroxysms. In 118 cases Chininum had been given without effect. The curative results were more favorable in the tertians, then in quartans, then in quotidians."—*W. M. W., 10 1872.*

It has been selected by the Bureau of the American Institute of Homœopathy for proving in 1873.

TARANTULA.

Since the notice of Tarantula was written I find reported several interesting cases treated with apparent success with this remedy. Dr. Petroz, has such an excellent record as a close and accurate observer that I would gladly believe his immense and startling pathogenesis was all trustworthy. If it is, we shall be able to cure with Tarantula, about nine-tenths of all the disorders of the nervous system.

o *Epilepsy and Hysteria*—Falling down unconsciously without any forewarning, with general rigidity, grinding of the teeth, bites her tongue, squinting of the eyes which remain open during the attack, the fit lasting two or three minutes, followed by dejection and dizziness for 24 hours; the attacks occurring every 8, 15, or 20 days. Tarantula 12, one dose every five days, cured.—*Dr. A. G. Lopez, Madrid.*

o *Chorea.*—Involuntary muscular movements, disorderly and irregular; limited to the left arm and leg, or to one of these parts; very seldom the left arm and *right* leg, with grimaces of the mouth, cured by 12th and 200th.—*Dr. F. Firmat, Spain.*
o *Uterine Neuralgia.*—After a fall on the stairs; hardness

swelling and tenderness in the hypogastric region and in the *uterus*, which was the seat of burning and crampy pains radiating to the hips, groins, thighs, and particularly on the left side, the pains were so excruciating that she was obliged to scream, constantly and desperately, and were greatly increased during defecation, or when excited by it; sanguineous leucorrhœa; constant desire to pass urine, which was clear but difficult to void, passing drop by drop with burning pain. Tongue dry, thirst, pulse small, pale face, desire to constantly move the legs, præcordial anxiety, sadness, weeping and fear of death. Coniun, 12 greatly relieved, but Tarantula 12 had to be given to complete the cure.—*Dr. Firmat.*

Chorea.—Inordinate irregular movements of the hands and feet, which *subside almost entirely on hearing the notes of a hornpipe,* but reappeared after the sound could not be heard. Tarantula 6th: cured in six days.—*Dr. C. Valdez, Spain.*

Coccydynia.—Burning, smarting, leucorrhœa, and painful uneasiness in the coccyx, relieved by standing, getting a great deal worse by the slightest movement, sitting or lying on the bed, or by the least pressure. Three doses of Tarantula 200th every other day, cured in three days.—*Dr. A. A. Gonzales, Madrid.*

Gonorrhœa.—After six years (?) of chronic symptoms, namely: weakness, timidity, great nervous agitation, burning of soles of the feet and palms of the hands; shaking, twitching, and incessant movements of the inferior extremities, worse when he was quiet. The discharges were light yellow, not profuse. His intellect was weak, with loss of memory. Tarantula 12th, 20th, and 14th, cured him.—*Ib.*

Chorea.—Miss. O——, clonic irregular movements of superior extremities, also the head; she was thrown with violence in different directions; contraction of the muscles of the face, and her legs were somewhat affected. Tarantula 1m, every night, cured (?) in six weeks.—*Dr. L. Gandy, Brussels.*

o *Chorea.*—In a boy, the head, right arm and hand affected, the head drawn downward, involuntary micturition. Tarantula 30th, cured in two months. (?)—*Ib.*

o *Chorea.*—A cure by Dr. Nunez, of Madrid, Spain.

o *Intermittent fever with choreic convulsions*, both occurring every day in p. m., cure by 300th.—*Dr. Firmat.*

o *Spinal Irritation.*—Excessive hyperœthesia ; a slight touch along the spine provokes spasmodic pains in the chest, and indescribe distress in the cardiac region ; at times the heart feels as if twisted over ; an intense pricking headache, as from thousand of needles, the body burned all over, headache better by *rubbing it against the pillow* ; she trembled so she could hardly talk. Cured by Tarantula 200th.—*E. A. Farrington, M. D.*

Pruritus vulva.—With dryness and heat in the parts, intense itching of vulva and vagina, worse at night. Tarantula 1 2-m, Fincke., one dose, cured.—*S. Swan, M. D.*

[Those desirous of studying the complete pathogenesis of Tarantula, will find it in the North American Journal of Homœopathy, of May, 1872.]

CAMPHOR.—Dr. J. Harley gives, in *The Practitioner*, some results of his examination in the physiological action of this agent, as follows :—

"It appears that Camphor exerts its action chiefly upon the cerebral lobes, causing at first depression of mental power, giddiness and somnolency. The corpora striata appear to share the general sedation of the intellectual centres. Delirium comes on later, and in some cases there is considerable vivacity. If the use of the drug be continued for some time, it produces great depression of muscular power and intellectual lethargy. In the fullest medicinal doses it does not effect any of the organic functions, excepting such depression of the sexual as may fairly be considered a secondary effect of its depressing influence on the motor and intellectual centres. In all medicinal doses from the lowest to the highest it certainly does not exercise a depressant effect on the circulation. On the contrary, decided stimulation is occasionally to be observed after large doses, and this is attended with a diffused feeling of warmth throughout the body, and a slight rise of the temperature of the surface. Given in solution I have every reason to believe that the camphor is rapidly and completely absorbed ; and it seems to be as rapidly and completely decomposed, for I always failed to detect a trace of camphor odor in either the urine or the exhalations from the skin and lungs." In a case of dysmenorrhœa, with chronic ovarian pain from congestion of the pelvic viscera, camphor was given in doses varying from two to thirty grains, gradually running from the least to the greatest in the course of four months. The other cases were treated somewhat similarly.

Reviews and Book Notices, etc.

The Characteristics of the New Remedies, by Edwin M. Hale, M. D., formerly Professor of Materia Medica and Therapeutics: now Professor of Medical Botany, Pharmacology and Therapeutics of the New Remedies, and late Special Lecturer on Diseases of the Heart, in Hahnemann Medical College, Chicago. Author of "New Remedies," "Lectures on Diseases of the Heart," etc., etc. Third Edition remodeled and re-written. Published at Lodge's Homœopathic Pharmacy, 57 and 59 Wayne Street, Detroit, Mich. Henry Turner & Co., 77 Fleet St., E. C. London. Henry Turner & Co., Manchester, England. Boericke & Tafel, Grand Street, New York, and San Francisco. Henry M. Smith, 105 Fourth Av. C. T. Hurlburt, 898 Broadway, New York. F. E. Boericke, 365 Arch Street. A. J. Tafel, 48th North Ninth Street, Philadelphia. Otis Clapp, Boston. H. C. G. Luyties, St. Louis. Witte & Co., Cleveland. Halsey Bros., 72 State Street, Chicago. Smith & Worthington, Cincinnati. J. B. Backofen & Son, Pittsburgh. H. T. Appleby, Buffalo, N. Y. Octavo, 544 pages, half-moroeco, $5.00.

If all Homœopathic M. D's. were like Helbig—the man with the nutmeg—Hale like Mr. Othello, would find his occupation gone. We are like young rakes who beget a child and—no we're not: we make a proving, print it while the first flush of parentism is on, and then leave it to the tender mercies of the profession; the law takes hold of the rake and obliges him to provide for his bantling until it is able to strike out for itself. That is, the law proposes to do this, but, alas, Foundling Hospitals besprinkle the face of this fair planet, testifying to the sun and to the stars that the biped man infracts the law.

The volume before us bears similar testimony against us Homœopathic M. D's. It figures in our literature as a Foundling Hospital, wherein are clothed and cared for the little ones whom we have begotten and flung aside.

You see "provings" will *grow* as well as children, and like children they demand as imperatively a suit of clothes adapted to their swelling proportions. To be sure, these garments are not wholly supplied by the Superintendent of this Foundling Hospital. He contributes his full quota of the material from which they are made, but most of us also subscribe. That he should give his time to seeing the Hospital in order, to tenderly nursing the youngest and puniest of its inmates, to the cutting out and making of their habiliments—most skillfully patching the while—is simply a duty cheerfully done. The obligation to do this falls no more heavily upon him than it does upon you and on me. He *does* it and we don't, that's one difference between him and us, and if *this* difference is to *our* credit, for Heaven's sake let us be modest and say nothing about it.

But some time ago when the first Hospital was enlarged, a great hullabaloo was made, and some of our priggiest quills criticised right smartly the presuming fellow who had only undertaken to do what none of the rest of us would do, or at least had made any sign of doing. "More kicks than ha'pence," eh? Aye, my fellow critics and thereby we showed ourselves to be worthy of the world we live in, for to give honor when and where it is due, were a fools-trick which would precipitate the millenium, and, God knows, with our several little hatchets all unground, none of us desire *that*—then hatchet-grinding were a lost art.

Was'nt it jolly, the way in which we kicked and scouted the Superintendent of this Hospital, yet whenever we found a job which one of these Hospital children could do, made the urchin do it, and then published the *success of our doing* in some journal. To be sure we had damned these same little ones as illy-bred, or under-bred, worthless ingrates, yet published their demonstrated capabilities with a self-skill-praising chuckle. "Not very consistent!" says some bumpkin of a country doctor. Well, who on earth but a country doctor would ask one to be at the same time critical *and* consistent?

The Superintendent's only revenge has been to collect our testimonials, and in this volume, the third report of the Found-

ling Hospital, they provide the best reason for the existence of it and its inmates. Now that the Superintendent has got the better of us, let us be magnanimous and cheerfully forgive him.

But let us drop figures and look at the new book. The old list of remedies is increased by sixty-nine. Some of these new-comers are adults in years and stature, others are in the swaddling clothes of a very tender infancy, and others are as flush in Jahr-buttons (0, 0, 0,—the clinical reward of merit,) as a boy's first suit: "buttony in front and baggy in the reverse aspect," as Holmes has it in his Crotalus-charmed *Elsie Venner*.

Why put the sturdy adults in the Foundling Hospital? Sore need of it, my friend, when the "managing editor" of a live monthly writes *and prints*, of such a remedy as *Sumbul* that "it ought to be proved." Wasn't it proved in England by Cattell, in Germany by Altschul, as Vols. IX and XI of the British journal will testify? The very fact that this one man didn't know of the existence of these provings, is exactly what justifies the putting of the adult in the Foundling Hospital. Let those who are "posted" in the bibliography of our remedies just run over this list of 161 and see how many separate volumes they would have to buy in order to be able to consult the pathogeneses collected between the covers of this one five-dollar book. O ye who have bought books when both back and belly protested, would not such a five-dollar collection have been a boon in those days when chill penury could *not* repress your noble rage? Well, here it is, and may it gladden the heart of many a poor scholar who can't buy a set of the scarce and dear *British Journal* for the sake of Cattell's *Sumbul* and Buchner's *Chelidonium*.

"But some of these 161 remedies are scarcely more than names." Well, some short time since grains of wheat were taken from the hands of a mummied Pharaoh in whose pulseless grasp they had remained for 3000 years. When they were planted in the sunlight the grain thrilled and a crop came. "Why didn't they grow and flourish in the cold and the gloom of that stone sarcophagus in the heart of the pyramid?"

Ah, my friend, that's your question, not mine. Take any *little thing*, entrust it to God and the sunlight, and if there's any life in it, it will grow. If it doesn't, it can't die, it was dead before, and we are none the poorer for our fruitless endeavor—nay, we are richer because we made an endeavor. Indeed it is well for us that God rewards for what we tried to do as well well as for what we have done.

We, too, are free to say that we thought some of these remedies had grown more than the text of this work seems to show; that they had won a greater profusion of approving buttons. Well, how could the Superintendent know all that we have done; and not knowing it how could he tell of it? No man that we know of is fonder of sewing on these buttons, and it is very safe to say that if we send him our buttons they will most surely appear on the next new suit. [We have a button drawer in this journal and the keeper thereof is fiercely esurient, as you can see by page 575 of the December number.]

Yes, we are obliged to own that there be some short comings in this work, and we are sorry to see it, because it shows plainly that the Superintendent is also human. The perfect work must come from the angels, and we are not sanguine that either Lodge, or Boericke & Tafel, will get the publishing of it. To be safe, then, buy this one now, and wait for the other, resting confident that it will be duly announced when the "copy" is delivered.

Meanwhile, let us poor erring humans do our best with this, and to better this.

When you sit down to read a file of old journals what do you find it is that alone retains a perennial freshness? Only the "provings." Not even professional endorsements of *Home Bitters* retain the charm which clings like an old memory to the faithful "proving."

Are you old fashioned enough (and old fogy enough) to ever read *The Pilgrims Progress;* and does it ever occur to you how much we homœopaths resemble the man with the muck-rake? You know how he groped in the very dung for a few paltry coins all heedless of the golden crown which

gleamed just above his head—gleamed for *him* if he would only look up and take it.

Yes, I am fain to believe that our brightest crown is to be found in even the derided "proving." In Professor Barton's "Collections for an essay towards a Materia Medica of the United States," he says: "The man who discovers one valuable new medicine is a more important *Benefactor* to his species, than Alexander, Cæsar, or an hundred other conquerors. Even his glory, in the estimation of a *truly* civilized age, will be greater, and more lasting than that of these admired *Ravagers of the world.*"

Sepia is a dingy color, but how like a gem it flashes in Hahnemann's diadem. The artist in water colors was ailing and the master couldn't help him. Was the *Law* incomplete; was "Homœopathy misapplied;" was the case outside of remedial reach, or did it need "low" doses from an orthodox apothecary shop? Jean Paul's "double-head" found that the artist sucked his Sepia brushes! Sepia was proven, and Hering has expressed his astonishment at the way in which the bantling of 1832 has grown. With eyes and ears open, and with willing hands we, too, may win a little crown, and it will grow brighter and brighter when we are gone, by the good our "proving" will do to and for others. I have lain on a wakeful night and thought mayhap there is that in Nature which would have saved my boy. O young mother with the saddened eye and faded cheek what would you give for that "proving?" You know we sought for one while the little life was ebbing away. "Failed, failed, failed!"—O God, to hear that word in the wail of a mother's agony. We find a wordless wealth even in a pair of little shoes. We shall never be richer till that "proving" is found. Ye that have lost join in the search, for the sake of the lost. Ye that have not known this loss join that ye never may know.

As a child who has lost a parent at sea watches each incoming ship thinking he may be there, even so there be those who watch each incoming "proving." Oh, to pilot such an argosy! Alexander and Cæsar made graves—I only yearn to banish *little* graves from the face of the earth, for Heaven

can do without the little ones better than we can. "Yes, mothers?" Yes! is the reply, and could you hear it spoken you would join the search with even so poor an one as I.

S. A. J.

Scribner's Monthly, an Illustrated Magazine for the people, conducted by J. G. Holland; published by Scribner & Co., 654 Broadway, N. Y. Subscription Price $4.00 a Year, payable in advance. November and December Numbers sent Free to all Subscribers for 1873.

The new volume of *Scribner's Monthly* will present a more brilliant array of contributors, a wider and more thorough discussion of the topics treated in its editorial departments, finer illustrations, and more uniformly good printing than any which has preceded it. The list of contributers just published contains nearly one hundred of the brightest names known to our literature. Among the features of special interest will be—Dr. Holland's splendid serial, "Arthur Bonnicastle." A story of American life. Also a series of brilliantly Illustrated Papers, by Edward King, under the title of—"The Great South," which will be alone worth the price of the Monthly. There will be also entertaining papers "About Authors, their friends, whims, and ways." Papers on "The Decoration of American Homes." "Sketches, with Portraits, of Living American Writers." Also "The Best Short Stories" by the best of living story writers. There will be descriptive Articles, Tales of Travel and Adventure, the choicest Poems, the most brilliant Essays, Editorials, Reviews, and Art Critiques, Departments relating to Home and Society, Nature and Science, and Culture and Progress, Amusing and Interesting Etchings, etc., etc., presenting nearly 2000 pages of the choicest illustrated literature by the best writers in the English language. It is generally acknowledged that Scribner's Monthly has obtained something more than national recognition.

An eminent English author, in a note to the Publishers, says: "*It is incomparably better than any Magazine I have come across.*"

It claims to be "*the foremost Magazine of its class in the world,*" and we must accede to it a very high position.

Talks to Bereans, by Isaac Errett, Cincinnati. R. W. Carroll & Co., 12 mo. 190 pp. $1.00.

This is a beautifully printed volume of Sermons by the eloquent editor of the "*Christian Standard*" of Cincinnati,

Ohio. Eighteen discourses are given in less than 200 pages; they are necessarily brief, but this is not the only merit they possess. They appeal to all who adhere to the old Protestant ground of the sufficiency of the Scriptures; and such will value them as forcible, suggestive, and satisfactory.

Atthill's Clinical Lectures on Diseases Peculiar to Women. Second edition, much enlarged. By Lombe Atthill, M. D., Fellow and Examiner in Midwifery, King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital; Vice-President Dublin Obstetrical Society, etc. Demi octavo, 241 pages. Price, $2.25. Published by Lindsay & Blakiston, Philadelphia, and for sale at the office of "American Observer.

This new work embraces a course of Clinical lectures on the diseases peculiar to women. It contains six lithographs and fourteen wood engravings. Much of the treatment is wholly at variance with homœopathic views, but physicians will be well repaid for the small investment required for its purchase by a large amount of practical matter, and many clinical observations of undoubted value.

The Ten Laws of Health, or how Disease is Produced and can be Prevented: by J. R. Black, M. D. 12 mo. Extra Cloth, $1.75. J. B. Lippincott & Co., Publishers, and for sale at "*American Observer*" office.

This work contains an account of Disease: Why it arises, with some considerations in reference to its preventability, and presents the following as Ten Laws of Health:

First Law: Breathing a Pure Air.
Second Law: Adequate and Wholesome Food and Drink.
Third Law: Adequate Out-door Exercise.
Fourth Law: Adequate and Unconstraining Covering for the Body.
Fifth Law: The Exercise of the Sexual Function only for, and without interference with, the Natural Course of Reproduction.
Sixth Law: A Habitation in the Climate for which the Constitution of the Body is adapted.
Seventh Law: Pursuits which do not Cramp or Overstrain any Part of the Body, or subject it to Irritating and Poisonous Substances.
Eight Law: Personal Cleanliness.
Ninth Law: Tranquil State of Mind, and Adequate Rest and Sleep.
Tenth Law: No Intermarriage of Near Blood Relations.

The chapter under the Sixth Law "*A habitation in the climate for which the Constitution of the Body is adapted*" contains so many observations which evince correct knowledge of climatology that we will try and find space for it. The other articles are well written and deserve to rank much higher than the common teachings of the so-called hygienic reformers.

Interlinear Translation of the Sacred Scriptures, with grammatical notes. By Dr. Leonard Tafel, New York, Dr Rudolph Tafel, London, and L. H. Tafel, Philadelphia. Hebrew Text, Vol. I, Part I. Philadelphia, Boericke & Tafel, 635 Arch Street.

The general plan of this work is as follows:

"I. Above each word of the Hebrew, Chaldee and Greek texts, will be an English equivalent, which shall render its fundamental meaning and grammatical function in such a manner as to enable any one familiar with the English Grammar to analyze every sentence of the foreign languages.

* * * * * * *

III. There will be appended to each number a body of notes, explanatory of the grammatical and other difficulties in the text. These notes will be paged independently, so that they may be bound by themselves.

IV. In order to enable beginners to pronounce the foreign idioms correctly, we shall give in the *first* part of the Hebrew, the Chaldee and the Greek, its pronunciation and accent; Webster's key of pronunciation being adopted for this purpose as far as it is applicable. In the subsequent parts the pronunciation will be omitted, in order to prevent too great a bulk.

* * * * * * *

VI. A succinct Chaldaic and Hebrew Grammar will also be given, together with a synopsis of the Hebrew, Chaldee, Syriac, Arabic, and Ethiopic verbs and nouns. This (of which in our Essay on Semitic Comparative Philology, published in the Bibliotheca Sacra, July, 1862, we have already presented some outlines,) will be published as an Appendix, and separately paged; so that it may be bound by itself.

VII. The Text and Translation of the Old Testament will be issued in nineteen or twenty parts, that of the New Testament in seven or eight. Each part will contain about 160 octavo pages, and 15 or 20 pages of the 'Notes.'"

The first part, contains the Book of Genesis, as far as chapter xxxii, 8; and the book bids fair to completely realize the promise of the announcement.

We are proud to number among our regular neaders several scholars who are learned in the scriptures in the original languages. These will very highly appreciate the labors of the doctors who have undertaken the present great work.

The successive numbers will be looked for with increasing interest. It will be invaluable for reference in all disputations in respect to the reading of the passages involved; and to the student who strives to understand the word as originally written, it will be regarded as an indispensable aid.

The Science and Art of Surgery, by E. C. Franklin, M. D., St. Louis, Mo. 1873. 2 Vols. bound, $16.00. For sale at American Observer office Detroit, Mich.

The Profession will be much gratified at receiving the announcement that this valuable work is at length completed. The delays which occurred in the publication of the 2d Vol., were doubtless very annoying to those who purchased the 1st., but the author doubtless thought his reasons for witholding it sufficient. Now that it is published, we trust that all will be satisfied.

It is the largest and most comprehensive work on the Science and Art of Surgery that has been prepared by our school of practice, and no one desiring to be well posted up in this branch of practice will willingly do without it.

The Medical Union, a Monthly Journal of Medicine, Surgery and the Collateral Sciences. Editors, Egbert Guernsey, M. D., John C. Minor, M. D., Charles E. Blumenthal, M. D., LL. D.; Albert E. Sumner, M. D. Publisher, C. F. Hurlburt, 898 Broadway N. Y.

How this new enterprise is regarded by some of our oldest practitioners may be gleaned from the following notice by Prof. A. Lippe, which we clip from the "*Philadelphia Evening Bulletin*" of Feb. 10th :

MEDICAL UNION.

To the Editor of the Evening Bulletin :—On the second page of last Saturday's issue you have reprinted an article from the *N. Y. Times*, under the above title. The *Times* has evidently been induced to publish that objectionable article by a misrepresentation of facts made to it by the editors of a new medical journal, advertising itself and its editors thereby. Permit me to point out a few of the many misstatements made in said article, correct them and show the fallacy and inconsistency of the position assumed by the *Medical Union*, the advertising journal.

The *Medical Union* claims "that it is the right and duty of every qualified member of the medical profession to use his own judgment as to the proper methods to be adopted for the cure of his patient." This proposition is perfectly correct, and under the law of the land every qualified member of the medical profession can use his own judgment when he adopts either the one or the other of the medical schools and their various practices for the cure of his patients. Every qualified and intelligent member of the medical profession does know, or ought

to know, that homœopathy was so named by the founder of that system of medical practice, expressive of the principles of the similars governing it; that these principles will as little admit of a change as does the name; that a homœopathician accepting that name, and impliedly with it the fundamental principles governing the system of medicine, cannot consistently prescribe for his patient allopathic remedies, and *vice versa*. He also knows that a medical school professes to exist, which school claims to be able to pick up all that is good in the various systems of medicine (irrespective of any principle,) and adopt for the cure of the patients just what seems to suit them in each case. That school is called the Eclectic School.

Hahnemann clearly proved that the mere diagnosis of a case was by no means a sufficient guide for the treatment of the patient. Each case he wished to be treated *per se*, and, under the homœopathic law the therapeutic means were to be found for each individual case. The editors of the *Medical Union* state, in the article before us, "that a great change has passed upon the homœopathist; that he now bases his practice upon a thorough diagnosis, and prescribes such remedies as experience has taught him are suitable to the disease in hand." What does this mean? Just this. A great change has taken place. Such an insignificant small number of men, calling themselves homœopathists, and now represented by the *Medical Union*, consent to give *nominal* assent to Hahnemann's teachings, and claim the freedom to practice, at the same time, old-fashioned allopathy—the freedom to prescribe doses that are quite as powerful as those of the regular physicians, and indulge in misrepresenting all consistent followers of Hahnemann, denounce them when they claim that the totality of the symptoms constitute the disease, and fully ignore the fact that this proposition implies that, in order to obtain the totality of the symptoms, the totality of modes for the examination of a given case, including physiology, must be accepted by the School, and will enable the Hahnemannian to diagnosticate—the curative remedy—provided he knows his Materia Medica.

The Medical Union men advocating, in fact openly, the preversion of what has been by them understood to constitute homœopathy into eclecticism, should remember that they were only permitted membership in the Homœopathic School as long as a reasonable hope remained that the good example and uniform success of their colleagues thoroughly versed in Hahnemann's School would induce them fully, earnestly, and not nominally, to belong to us. They have misunderstood

this forbearance, and now openly abandon the school to which they *nominally* belonged.

A large majority of the homœopathicians rejoice over the gradual acceptance of the fundamental principles of the school by the many progressive allopathists, who, as a logical sequence, will be compelled gradually to accept all of Hahnemann's teachings. A very large number of intelligent persons comprehend what homeopathy is, and accept its practice. If ever such a good thing as a Medical Union can be accomplished, it will be after the time when all medical men only practice the profession, devote themselves to progressively developing medical knowledge, and exclude from their ranks the indolent and ignorant, who again will no longer find a portion of the people ready to impose on by plausible, but false, arguments and by advertisements. Revolutions never go back. A. L.

The New York Observer Jubilee Year Book, 1873. Sidney E. Morse & Co., 37 Park Row, New York. Price $1.00.

This Annual is enriched with portraits of Sidney E. Morse and Richard E. Morse, and a photo-lithograph of the first number of the New York Observer, (issued Saturday, May 17, 1823.) Although reduced to the size of the year book 6x9 inches, the letters are as distinct and clear as large type. As a literary curiosity, we think this fac-simile of a paper published half a century ago, worth the price of the book. The Annual contains 194 pp. Astronomical department 10 pages; Civil and Commercial department 43 pp.; Ecclesiastical department 66 pp.; Department of Church work 7 pp. It contains also Educational, Agricultural and Miscellaneous departments, with an Appendix.

New Remedies,—Third Edition.

A student complains of the price of the Third edition of *New Remedies*, and some think that at $5 it is dearer than the second edition was at $8. If it is considered how much more labor attends the collection of *characteristic symptoms* than merely printing the details of provings, and that the new book often gives in less than a page, more peculiar symptoms than are found in many pages of proving records, the price will be considered reasonable. A strictly professional work cannot be sold as low as a domestic one, as the sales are not one-tenth as large. To those who have not yet seen the work, we say that it is printed with *new* type, on good paper, and that the Repertory and Index of Remedies is much more complete than the former editions.

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

X—ACUTE BRONCHITIS.

(Continued from page 38.)

The diagnosis of acute bronchitis is easy. From whooping-cough it is distinguished by the absence of the spasmodic cough, and the sonorous whoop; from laryngitis by the absence of croup-like cough, hoarseness and stridulous inspiration; from tracheitis by the absence of the characteristic pain and the tracheal râles. The coincidence of coarse râles in the larger bronchial tubes with clear resonance of both sides of the chest on percussion is almost pathognomonic of this disease. As Dr. Bernhard Bæhr remarks "the diagnosis is only difficult in the case of small children; here the characteristic cough is almost always entirely absent, in general the reaction against the disease is either slight or non-apparent."

As a general rule in the prognosis of acute bronchitis, it may be said that the larger the bronchial tubes the less the danger; the smaller the bronchial tubes the greater the danger. Still, as Dr. Lewis Smith remarks, severe inflammation not extending to the smaller tubes, proves fatal to young infants or those of feeble constitution. Again, the younger the child, the more doubtful the prognosis. Bouchut says that "simple bronchitis never determines death," and the great danger lies in extension to the minute tubes and the pulmonary parenchyma, hence it needs to be carefully watched and promptly treated. Dr. Charles West lays it down as a general rule that "an attack which is long in arriving at its acme is seldom

very dangerous in its character," and yet most physicians of experience get anxious concerning cases which remain without a favorable change for eight or nine days. "During the last ten or twelve years there has been in England a considerable increase in the mortality from bronchitis at all ages; this increase has been most marked amongst infants and old people. In the seven years, 1848–54, the rate of mortality per 1000 from bronchitis, was of males under five years of age, 2.65, and and of females, 2.26; whereas, in the five years, 1856–62, the death-rate was 4.41 and 3.75 amongst males and females respectfully.—*Dr. Thomas Hillier.*

In treating a case of acute bronchitis,—or in fact of any other disease,—the physician should carefully guard against permitting himself to fall into a narrow routine of treatment which cramps his own mind and prevents him from doing full justice to his patient. Hence, though this paper is devoted to the therapeutics of Acute Bronchitis, the remedies which are ranged under the varieties of the disease must be consulted—and in fact, all the remedies in our Materia Medica,—for in spite of the sneers of some of our writers who ought to know better, there is a great truth in Constantine Hering's formula, "any remedy will cure any disease,"—provided of course that it is indicated by the symptoms.

Aconite seems to have the prescriptive right to head the column of the bronchial remedies, and yet Bæhr—one of our best writers—thinks that it has "become a matter of routine to recommend it for incipient catarrh." He continues, "We have on several occasions expressed our doubt concerning the propriety of recommending Aconite for catarrh. A common catarrhal fever is not the province of Aconite, and if we should be told that Aconite has modified this fever in so many cases, we suggest that this improvement might likewise have taken place spontaneously without Aconite. How many catarrhs commence in the first twenty-four hours with a feeling of anxiety, a frequent pulse and an extraordinary rise of temperature, and yet run their course afterwards without any fever. This should not be attributed to the action of Aconite. A remittent fever is least suitable to this medicine. Where the

fever, as is often the case in acute bronchitis, is continuous, the skin is dry, and the heat is not mingled with chilly creepings, Aconite is in its place. The symptomatic indications are most fully met in the incipient bronchitis of children. If the objection is raised that the diagnosis may be doubtful at first, and that hence Aconite ought to be opposed to the general febrile symptoms, we meet it with the assertion that in every attack of bronchitis, the fever has at first a catarrhal, not an inflammatory type." Dr. Hughes points out that it is rare than any medicine but Aconite is required if the case is taken in time. "It must be remembered, however, that this medicine attacks inflammation through the blood-vessels, and not—like a specific irritant of the part—by influencing the inflamed tissue itself. It is only because in a catarrh like this the tissue is so lightly affected that I believe Aconite capable of breaking up the disease. But should the inflammation have thoroughly have established itself, we cannot expect Aconite alone to cure it. Even here it is a most useful auxiliary; and a few introductory or alternating doses will greatly help the specific irritant of the tissue to effect a cure."

Of course Hempel—glorious old Hempel—comes to the rescue of his favorite remedy.

"In Acute Bronchitis no better remedy can be used than Aconite. What are the pathognomonic signs of acute bronchitis? Besides the inflammatory fever which is present in all acute inflammations, we have paroxysms of a dry and tearing cough which sometimes seems to start from some definite point behind the sternum, from the point where the trachea bifurcates or from the terminal ramifications of the bronchi in the thorax. Sometimes the cough excites a sensation in the air-passages as if knives were plunged through them; at other times the patient complains of a burning in the tubes. There is great difficulty of breathing; the passage of the air through the air-passages causes a feeling of rawness and a tickling sensation in the larynx which excites a constant desire to cough. At first the patient hawks up a little frothy mucus which if sometimes tinged with blood, but at a later period of the disease a purulent matter, which often resembles green bile is

discharged. The chest feels sore, the respiratory muscles feel sore, as if they had been violently strained, and the patient complains of aching pains in various parts of the chest, often penetrating the thorax from the anterior to the posterior wall. Now, all these symptoms are almost literally reproduced in our Aconite-provings. Even the constitutional symptoms in bronchitis, the nausea and vomiting during a paroxysm of cough, the frontal headache, the coated tongue, loss of appetite and constipation, and the general prostration of strength, have their exact counterpart among the symptoms of Aconite. I need only mention such symptoms as these: hoarseness, croaking voice, short and dry cough arising from a tickling in the larynx, with constant inclination to cough, especially at night, when the paroxysm set in every half hour; pressure and burning pains along the trachea, down to the pit of the stomach; roughness extending along the trachea and inducing frequent coughing, cough which is occasioned by an irritation in the larynx, and is accompanied with expectoration of a gelatinous mucus; when coughing the chest feels sore and the larynx raw; cough with a fluid frothy expectoration; rattling and vibratory trembling of the trachea; sense of weight behind the sternum, preventing a deep inspiration; mucus râles which can be heard at a distance."

After all, most of us instinctively think of Aconite in the early stage of infantile bronchitis, and also as an intercurrent remedy whenever febrile action sets in during the course of the malady, and the writer agrees with Dr. Ruddock in saying that "if administered early and frequently it will materially shorten the attack and perhaps alone prove curative." Aconite then is indicated in acute bronchitis by a high fever with full, rapid, bounding pulse accompanied by burning headache, with red face and eyes. The skin is hot and dry, the tongue is coated white or slightly yellowish, and the thirst is great. The breathing is rough and wheezing, and the voice is hoarse. The cough is short and dry with irritation and painful titillation in the larynx and bronchi; the breathing is oppressed with soreness in the chest when coughing or breathing; dry râles and sibilant or sonorous rhoncus are heard all over the

region of the larger bronchi. The patient is anxious and restless and suffers much from headache and thirst. Aconite is also useful when the cough is hacking and convulsive with scanty expectoration of viscid mucus, and also when there is short and panting cough during the day with rough and violent cough at night.

Dr. Meyhoffer thus speaks of Aconitum napellus in dry bronchial catarrh:—"The dry spasmodic, extremely tormenting cough and distressing dyspnœa experience, often within a few hours, a favorable turn; the cough grows looser and more rare, expectoration easier, breathing free, and before many days have elapsed, the patient recovers his relative health." Generally speaking, Aconite acts best in this disease when given in repeated doses of the second, third or fourth dilutions.

Dr. Kreussler thinks that if no favorable change takes place after two or three doses, another remedy will have to be given. "If, on the contrary, a general sweat should break out, the cough should become looser, the pain less and breathing easier, the medicine should be continued until the disease is either cured or the medicine ceases to act."

Belladonna is indicated in that numerous class of cases which present decided cerebral symptoms from the commencement of the attack and when, during an attack of coughing, the head and face are flushed. It is also a valuable remedy when the malady commences with slight wheezing which suddenly becomes so much worse as to threaten suffocation. The cough is very dry and distressing—a spasmodic cough which hardly permits the little patient to breathe,—while mucus rhoncus is distinctly heard in the bronchi. The respiration is short, rapid and anxious, especially when the patient is asleep. The paroxysm of cough is especially worse at night and even comes on during sleep, the least motion aggravates it. The Belladonna bronchitis is accompanied by violent fever, flushed face, heat of head, great thirst, and often by sore throat. Bæhr thinks that a disposition to perspiration while the skin is very hot is a characteristic indication of the Belladonna bronchitis, and he adds, that it is ordinarily indi-

cated in the first three or four days, very seldom at a later period. It seems to me that Belladonna acts best in the dilutions from the sixth to the twelfth decimal, though good results have been obtained from the higher dilutions, while some cases require the second or third.

Spongia.—When the inflammatory irritation commences as laryngitis and gradually passes downward to the bronchial tubes, no remedy is more frequently indicated than Spongia. This remedy is characterized by a dry, barking, hollow cough, with sibilant or sonorous rhoncus in the larger bronchial tubes. This cough continues all day and is aggravated at night, and is attended by oppression of breathing with hoarseness and shrill piping voice. The expectoration, if any, is viscid, scanty and ropy, and this even when at an advanced stage of the disease mucous rhoncus can be distinctly heard. Often the patient is apparently convalescent when, on very slight exposure, the malady returns with redoubled violence—the most pressing dyspnœa, sibilent rhonchi and violent convulsive cough. When this relapse occurs, Spongia is pre-eminently the remedy, even though it had not been previously indicated. Dr. Hempel points out that this remedy is never indicated during the inflammatory stage—"Here, Aconite is the remedy,"—and Dr. Laurie remarks that Hepar is sometimes useful after Spongia, especially when the mucous rhoncus is predominant, the skin hot and dry, and the efforts to expectorate ineffectual. I have generally prescribed Spongia at the sixth decimal dilution, and would be afraid to try Hempel's recommendation to add a few drops of the tincture to half a pint of water, giving a tablespoonful every two hours.

Ipecacuanha is one of the principal remedies for the bronchial catarrhs of infancy and childhood, in its action closely resembling Tartar Emetic. It is almost indispensable in these peculiar attacks, partly neurosis, partly phlogosis,—a kind of mixture of asthma and bronchitis—which frequently occurs in young children, and which are so fatal when treated by our medical step-brethren. It is indicated by loud and sonorous mucus râles in the chest, with wheezing respiration. There is great dyspnœa coming on in paroxysms in the evening, con-

tinuing with slight remissions during the night, and intermitting distinctly during the day. The cough is convulsive and suffocative, and relief from this partial suffocation is had when vomiting takes place. During the vomiting the face assumes a bluish hue and bleeding from the nostrils may take place. A slight degree of spasm of the glottis is not unfrequent and there may be convulsive twitchings or even spasmodic rigidity of the body of the child. Sometimes in spite of the mucous râles the cough is dry, though as Bæhr remarks, this is certainly not according to its physiological symptoms. As to the dose, Dr. Meyhoffer remarks that a low dilution is essential to obtaining prompt relief, and Bæhr remarks that at any rate we know from experience that a smaller dose than a grain of the second trituration does not produce a reliable effect. I have used the remedy extensively and have had excellent results from the twelfth decimal trituration of the root which is a very different thing from the twelfth dilution of the tincture.

Bryonia.—The time was when Bryonia was unhesitatingly given for bronchitis, but of late years very many have questioned its right to rank so high among the bronchial remedies. Dr. Hughes thinks that too extensive claims have been made for it, and he sums up by saying, "good for the common 'cold on the chest'—when the catarrh invades only the trachea and largest bronchi—it is of little use beyond." Dr. Laurie thinks that "Bryonia is of great service in a large number of cases of bronchitis, at the commencement of the attack, but Dr. Bæhr expresses the almost universal experience of physicians of our school when he writes, "this remedy is most commonly suitable after the fever has been allayed by one of the previous-mentioned remedies, and the expectoration begins to become loose enough to enable the patient to cough up mucous." Bryonia is indicated by laborious, rapid and anxious breathing with inclination to make a deep respiration which, apparently, is prevented by pains in the chest. The cough seemed to be caused by titillation in the throat, it is tearing and fatiguing, a dry cough with scanty expectoration of a viscid whitish phlegm, sometimes tinged with blood. The cough often has a

metallic ring and is frequently accompanied by hoarseness There are paroxysms of oppressed breathing, but no constant dyspnœa and a particular indication is that the patient has to sit up in order to obtain relief. Loud mucous rhoncus is often present even when expectoration is difficult. The skin is hot and dry, or there may be dryness of the skin during the day and copious perspiration at night, and when coughing there is a marked determination of blood to the head with flushing of the face. Dr. E. E. Marcy thus admirably sums up the indications for Bryonia in bronchitis :—"In the acute attacks of children, with a suffocative cough, very great oppression at the chest, exceedingly difficult, rapid, and anxious or sighing respiration, loud mucous rhoncus, rapid pulse, hot skin, thirst, great agitation and anxiety, this remedy is especially called for."

Chamomilla is especially suitable to the bronchitis of children, particularly when the larger bronchi only are the seat of the inflammation. There is a constant urging to cough, occasioned by titillation in the larynx and bronchi; accumulation of thick tenacious mucus in the throat, with dry spasmodic cough, aggravated by the least attempt at speaking. There is also wheezing and mucous râles which are increased towards night and especially if the little patient cries. There is a good deal of fever towards evening, with flushed face and sparkling eyes, dryness and burning in the throat with thirst. The characteristic mental symptoms are present,—ill-humor with disposition to be angry and peevish. Bæhr significantly remarks that "bad cases are not adapted to this medicine," and low dilutions are of little avail, as this remedy seems almost inert in any dilution below the twelfth.

Sanguinaria.—For a number of years I have been in the habit of prescribing this remedy in bronchitis, and consider that it is a leading remedy when the disease affects the larger bronchial tubes, and when the stage of mucous secretion has been reached. It is of little use in the commencement of bronchitis, and acts best when it is preceded by repeated doses of trituration of tincture of Aconite.

Nux vomica,—styled by Meyhoffer "the remedy of the

strong and robust," is not a leading remedy in the bronchitis of children, and one is almost inclined to side with Bæhr who says that "Nux vomica is recommended for bronchitis, but we must confess that we have never witnessed any curative results from this drug in the acute form of bronchitis, however much we may value it in the lesser degree of laryngo-tracheitis." Nevertheless there are some cases—partly in the sphere indicated by Bæhr, and partly hovering between asthma and bronchitis,—in which it affords prompt relief. It is indicated by the following symptoms: The cough is rough and dry, and is accompanied by spasmodic contraction in the laryngeal region. The dyspnœa, which is doubtless accompanied by the same excessive tightness of the chest which we find in adults, is aggravated at night, while the dry cough is aggravated in the morning. There is but little expectoration, or there may be accumulation of tenacious mucous in the throat which the patient is unable to detach, and the respiratory symptoms are usually accompanied by the well-known digestive symptoms of the remedy.

Dulcamara is useful for bronchitis resulting from exposure to the wet, a loose cough with hoarseness and copious secretion of mucous in the bronchial tubes. The cough is often barking and convulsive, and is excited by a deep respiration.

Cina is indicated by constant cough with scanty expectoration, hurried respiration, dyspnœa and mucous rhoncus, high fever with pale face, and starting, and moaning during sleep.

APHORISMS.

1. An inconsiderable amount of fever, with a common cough indicates an acute bronchitis almost devoid of danger; while high fever with severe cough and dyspnœa indicates very serious bronchitis, always a grave disease with young children.

2. The sibilant râles is devoid of danger; the mucous râles is only of importance when the mucus is excessive in quantity and the child much enfeebled; the subcrepitant râles always denotes danger.

3. As a very general rule, the prognosis depends upon the diameter of the bronchial tubes,—the larger the bronchial tubes the less the danger, the smaller the bronchial tubes the greater the danger.

T. N.

Principles of Medicine.

PROF. H. P. GATCHELL, M. D., KENOSHA, WISC., EDITOR.

SOME THOUGHTS ABOUT ATTENUATIONS.

That the explanation of the action of attenuated remedies will be found in the principles of physical science, modified in their application by the peculiarities of constitution of organized bodies, seems, to the writer, an obviously just conclusion.

On the other hand, the influence of attenuations, and especially the wonderful results obtained from very high attenuations, in modifying the condition of human or animal organism, must need reflect back some light on physical science.

Since the interests of this great department of science are concerned in this matter of the action of attenuated remedies, and still more, since therapeutical science with its almost inexpressibly important relations to human welfare, is still more intimately concerned, it becomes the duty of every physician to communicate, what he may towards deciding the controversy now waging between the two sections of the homœopathic school. With this view I am impelled to send in my offering, though it may be but a mite contributed towards the common store.

It is now a little more than thirty years, since I became convinced of the theoretical and practical value of homœopathy. The amiable gentleman and successful physician, (one of those unfortunates that perished in the terrible railroad slaughter at Norwalk,) through whose influence I was led to make acquaintance with homœopathy, was accustomed to use the low attenuations. That I was led to employ the same

is not strange, more especially as I knew at that time, nothing about the high.

But from the first of my acquaintace with homœopathy, I began to make experiments in pathogenesis, looking with no little wonder and admiration on the pathological effects of quantities so minute; and among the earliest of my small contributions to homœopathic literature, was an essay designed to illustrate the extreme susceptibility of certain peculiarly sensitive organisms to exceedingly minute quantities.

But these exceptional constitutions did not afford a rule for general practice. Though it certainly would have been no great step to infer from the pathogenetic action of attenuations upon systems in no special relation to the medicines used, that disease might so exalt the susceptibility of the average constitution to remedies homœpathic to the existing state, as to produce sensitiveness to the therapeutical action of the highest imaginable attenuations.

But prepossession often blinds us to even the obvious. Accordingly, while staggered by testimony as to the results of high attenuations, on the part of physicians whose ability and integrity commanded respect and confidence, and at the same time, obliged to confess that the advocates of high attenuations were in general, so far as I had means of judging, the most skilful in the selection of remedies, I still doubted the general utility of, and sometimes indulged in a mild joke at extreme attenuations, though occasionally resorting to them in treating hyperæsthetic constitutions.

More extended experience has convinced me that they have a much more extensive application than formerly seemed possible. Perhaps a preference may yet be accorded to them in all cases, though at present, that appears doubtful.

Were I to recite experiments, prosecuted for a long series of years, in the way of olfaction, and more especially by means of medicines contained in closed vials, held in the hand, the reading would no doubt excite a smile of incredulity on the part of those homœopathists whose low dilutions would appear equally ridiculous to an old school physician. And yet, as an intelligent layman said to me, it is strange that an old school

physician who has accepted low dilutions, should find any thing absurd in the high.

And now, at the risk of appearing ridiculous to many, I will give a few facts in the way of experience, with a view to influencing such as may chance to consider my testimony of any value; well knowing the difficulty in the way of accepting facts that far transcend one's own experience and received views of nature. For though hearing may be believing, seeing is knowing; the old adage that represents seeing as believing being, like many other old adages, quite erroneous.

Perhaps some reader may believe my testimony so far as to try, and trying judiciously, may see and know.

Since our knowledge of the natural history of disease is limited, so that the physician in many cases, can not be sure his remedies have secured the favorable termination, or even whether they have limited or essentially modified its course, I shall confine my statement chiefly to pathological effects, indicating the sufficiency in some cases at least, of exceedingly high attenuations as pathogenetic agents. If potent to pathogenesis, they must by stronger reason, and with more extensive range, be so to therapeusis, when homœopathically chosen, on account of that remarkable exaltation of susceptibility the system experiences in disease, to remedies bearing this relation.

(*To be continued.*)

BLOOD IN ERUPTIVE DISEASES: (*Medical Union.*)—A microscopic examination of the blood of persons afflicted with measles and scarlet fever, says Dr. Hallier, disclosed the presence of minute cell-like spores or fungi. The perspiration collected from these patients was also found to contain these peculiar and characteristic micrococci in abundance. Dr. Hallier believes these fungi are not only the concomitants but the cause of these diseases.

European Correspondence.

AN HOUR WITH PROF. JOSEPH HYRTL.

The most remarkable man whom I have met here is Dr. Hyrtl, a man of many titles, and of great originality, a man who lives in his love of science, wonderfully familiar with history, especially with the history of medicine, a good scholar, and punctiliously correct in his Latin and Greek. Thus he refuses to call the great opening in the os innominatum the "obturator foramen." "'Obturator muscles,' 'obturator fascia' is right, for they are blockers up of an opening; but there can be no 'obturator foramen' for you can block nothing up with a hole. In my anatomy, therefore, you will find it called 'foramen obturatum.'"

In one of his lectures on topographic anatomy he asserted that the cause of varicocele is a paralysis of the cremaster muscle. "The return circulation has a long distance to travel from the testis to the outlet of the vena spermatica into the vena cava. Moreover it must not only travel up hill, but against the pressure exerted by the abdomen on the vessels therein contained. Hence a cremaster muscle is needed to force this blood up by the contraction of its sling-like fibres into the cavity of the abdomen. But why is varicocele more frequent on the *left* side? 'Because of the pressure of the sigmoid flexure of the colon' say some. Not so! There is a better reason." This I understood him to claim as an original observation of his own. "The spermatic artery of the left side makes two complete turns round the plexus pampiniformis and thus constricts that set of veins and causes the trouble to be more frequent on that side." Believing the cremaster muscle to be at fault in these cases, of course he spoke favor-

ably of a treatment which would, by pressure, properly made, supply as far as possible its deficiency.

"Men are but children of a larger growth" and are quite as easily tickled with a straw, and Dr. Hyrtl tickles his audience once or twice during every lecture. In this same lecture having illustrated on the blackboard the manner in which the testis descends, he returned to his seat at the table and, pushing everything out of the way, drew on the table with the chalk, the outlines of the descending aorta and of the inferior vena cava, with their great branches, of the kidneys and of the testes in the places where they lie in early fœtal life. "Now 'he says' let us demonstrate the method in which the testis gets its serous tunica vaginalis propria." So he lays the sponge which he had been using at the blackboard on the figure of one of the testis. "Now this is the peritoneum" spreading a towel over his sketch and the sponge." I told you that as the testis lies up here, the peritoneum which covers it is closely adherent to it, so we must make our peritoneum closely adherent to our testis. So saying he gathers up his long and slovenly looking gown of some cheap black cotton material, thrusts his hand into a deep pantaloon pocket and brings out a skein of thread, and ties the towel fast round the sponge. Spreading the towel carefully out, he looks up as though seeking commendation. "There that is closely adherent, is it not?" "Now here are two folds of peritoneum, one goes this way and contains the artery and vein, and one goes this way and contains the gubernaculum testis. Well, we must have a gubernaculum testis." The thread comes again into requisition, and the towel being turned over, one end of the thread is securely fastened to a little piece of the sponge, purposely left projecting through. The towel rearranged, he makes a ring of his left thumb and forefinger round the thread or edge of the table. "Now this is the inguinal canal, and you must watch the 'descensus testiculi.'" With his right hand he pulls the thread (or gubernaculum testis) and the sponge comes down through his extemporized inguinal canal. He describes anew the obliteration of the open canal lined with peritoneum and lays his sponge-testis with its tunica-vaginalis propria on the

table. Then taking a scissors he cuts through the towel and shows how the testis lies there in the sac.

All this is done in a serio-comic way without any loss of dignity, and yet with wonderful grotesqueness, and the students are all laughing, not in derision but just like tickled children.

In his lectures on the bones of the human skeleton he never gives the attachment of the muscles nor any dry statistics, and he scarcely ever in any of his lectures ask them to remember things by the unaided effort of memory. To illustrate this. He is lecturing on the bones of the forearm. "You see the space between them—just about room for a musket ball." As he says that he makes a motion with his right hand, the fore finger extended, to demand the attention of the class, swallows and slightly nods. You might really hear a pin drop, they are so still. Should any wretch make the least noise a storm of hisses fill the air. When all is quiet he tells them how an Austrian officer in the war with Hungary was in advance of his regiment at a certain battle which he names. He was calling his regiment on. His right arm holding his sword was lifted up, and his left was also in the same position beckoning to the men. The professor assumes the position himself. "A shower of bullets passes by, and one of them goes through each forearm without touching a bone, and both his arms were saved; but if either bullet had hit one of these bones" touching the bones of the forearm of the skeleton with his long finger, "that arm would have been lost. So you see of how much importance these bones are." Those students will never forget the space between the radius and ulna.

In lecturing on hernia, he drew a sketch on the blackboard of the anterior wall of the abdomen. In the center lay the fold of the peritoneum—the median vesico-umbilical fold—overlying the remains of the urachus. Outside of this to either side is the lateral vesico-umbilical fold covering the remains of the embryonic umbilical arteries. Still farther to the side is another fold, the epigastric fold, inclosing the epigastric artery. This gives us the lateral boundaries of two, or according to some three, fovea inguinales, The outer corresponds to the interval opening of the inguinal canal. The

epigastric fold separates it from the inner which is opposite the external opening of the inguinal canal. This is the middle fovea with those who make three. The third lies between the median and the lateral vesico-umbilical fold, and it is claimed that hernia does sometimes make its way through this fovea and emerge as an inguinal hernia through the outer opening of the inguinal canal. "Now how can you diagnose between direct and indirect hernia? These in that sketch" pointing to the blackboard, "is the spermatic cord, on the side of the hernia. Now see where it will be if the hernia comes through the fovea interna. Outside of course."

Fascinating as this man is as a lecturer, distinguished as a professor, renowned as a writer, respected as a man of learning, his appearance in the street is a disgrace at once to the city, to his colleagues, and to himself. A long unseemly cloak with a cape hangs in rusty black folds from his shoulders almost to the ground. His head is covered by a "shocking bad hat." If you were to see that hat in a museum, you would imagine that it was the first ever made, and had been preserved to demonstrate that the name "stove-pipe" is no misnomer. The man too, seems unhappy, looks toward nowhere in particular and sees no one. He is evidently ashamed of his garb; but is afraid to buy new garments lest he should attract disagreeable attention by so remarkable a change, and should only render himself more outré by being led in his ignorance of matters relating to dress, to purchase what would be equally unbecoming with his present attire.

Vienna, Dec. 1st, 1872. C. A. BACON.

LA DEFORMATION TOULOUSAINE.—Under this title M. Paul Broca describes *(Bull. de la Soc. d' Anthropologie, 1872,* and *Journal of Anatomy and Physiology,* Nov. 1872*)* a deformity of the skull met with in the people of Toulouse and its vicinity. It was originally carefuly studied by M. Gosse, who showed how it was produced by bandages applied to the head in infancy. Broca's obsevations are of value in showing the modifications which take place in the shape of the brain in these deformed skulls.

Colleges, Societies, etc.

CLEVELAND HOMŒOPATHIC COLLEGE.

The Annual Commencement of the Cleveland Homeopathic College was held in the public hall of that institution, on Prospect street, Wednesday Feb. 12th, 1873. The room was well filled with the friends of the graduates, and the exercises which lasted for about two hours, were of the most interesting character.

The College is in a highly flourishing condition, a fact attested to by the large list of graduates, numbering in all about forty, who thus celebrated the completion of their course, preparatory to engaging in the active duties of their chosen profession.

After prayer by Rev. Henry Baker, the annual address, was delivered by Rev .Dr. Bolles, of Boston :

The Ceremony of conferring degrees was then performed, and was conducted in a very appropriate manner by the President of the Board of Trustees :

The following graduates received the degree of Doctor of Medicine :

Jos. C. Anderson.....*Ohio*	H. H. Lyons.....*Michigan*
T. G. Barnhill.....*Ohio*	O. W. Lounsbury.....*New York*
G. G. Bigger.....*Ohio*	Will Murdoch.....*Ohio*
Henry E. Beebe.....*Ohio*	W. L. McCreary.....*Ohio*
E. W. Bryan.....*New York*	Miss Kate Parsons.....*Ohio*
N. S. Clarke.....*Wisconsin*	C. F. Park.....*Ohio*
W. D. Clarke.....*Michigan*	W. L. Parmenter.....*Ontario*
A. E. Elliott.....*Ontario*	T. F. Spittle.....*Ohio*
H. A. Fick, A. M....*Massachusetts*	M. Stone.....*Indiana*
Miss J. T. Furley.....*Indiana*	L. T. Van Horn.....*Michigan*
A. Gleason.....*Ohio*	A. E. Watson.....*Ohio*
Miss M. L. Greene.....*Ohio*	R. W. Walters, M. D.....*Ohio*
G. L. Harding.....*Ohio*	Johnson Wright.....*Pennsylvania*
W. J. Hamilton.....*Pennsylvania*	A. M. Woodruff.....*Michigan*
N. H. Haviland, M. D...*New York*	D. G. Wilder, B. S.....*New York*
Mrs. C. Hickox.....*Iowa*	J. Whiteley.....*Peunsylvania*
O. Q. Jones.....*Michigan*	C. F. Waggoner.....*Minnesota*

The following were given the *ad eundem* degree :

Charles B. Currier, M. D..*Vermont*	I. B. Massey, M. D.....*Ohio*

The Honorary degree was conferred upon Prof A. O. Blair, of Columbus.

After the ceremonies had been concluded the Valedictory, by Prof. A. O. Blair, followed.

The following annual prizes of the Hahnemann society were ditsributed at the close of the exercises :

English scholarship prize, one scholarship in college, W. Murdoch ; first Baldwin prize for the best examination, one set of surgical instruments, $25, to O. W. Lounsbury ; second Baldwin prize, for second best examination, Hodge's "Science and Art of Obstetrics ;" third Baldwin prize, "Hull's Jahr," C. H. Waggoner ; Clinical prizes, best report of clinics, first prize, one scholarship, M. T. Runnels ; second, graduation fee, $25, to P. M. Cowles ; third, "Bæhr's Therapeutics," R. M. Knox ; for the best prepared anatomical specimen, graduation fee, B. F. Connell ; Sander's Obstetric prize, one set of instruments, W. T. McCreary, for best recitation.

HOMŒOPATHIC SOCIETY OF PENNSYLVANIA—

EIGHTH ANNUAL SESSION.

The Homœopathic Medical Society of Pennsylvania met in its eighth annual session, February 5, 1873, in the senate committee rooms, in the east wing of the capitol building, Harrisburgh Pa.

The society was called to order at ten o'clock by the President, Bushrod W. James, M. D., of Philadelphia, who opened the proceedings by an address upon "The Annihilation of Disease," which will be published in April number.

The roll was then called when it was found that a large number of members were present representing nearly every section of the State.

A number of new members were admitted on recommendation of Board of Censors.

Reports were made of the following institutions all under homœopathic charge :

Medical and Surgical hospital at Pittsburg. M. E. Old-Folks Home at Philadelphia. Baptist Home of Philadelphia.

Dr. Mahlon Preston reported a case of ulcer on the calf of the leg in which there were sharp, stinging pains at night. He gave Ammonium mur. and the ulcer healed entirely in three weeks. The case had been one year under the old school.

An interesting discussion upon Epistaxis, and other hemorrhages, then ensued which we reserve for publication next issue.

Dr. W. D. Hall, reported cases of uterine hemorrhage.

"Chorea," a paper by Dr. W. R. Childs, was read.

MYGALE.

Dr. M. Preston said he had proved Mygale clinically and cured the following symptoms: Twitching of the muscles and shrugging of the shoulders, returning every day; the child could not stand; jerking up of the lower limbs, complete inability to walk or stand; acute aching in the right ear, occurring every night between midnight and morning, driving her out of bed; constant motion of the hands and arm. Mygale, sixth potency, was given, and relief was obtained in twenty-four hours, although other remedies had failed, and the case was cured in three weeks.

A paper on "Bromine" and one on "Struma, its treatment, and a clinical report of a case" by Dr. Elblein, were read.

Partial proving of Macrotine, by C. P. Seip, M. D.

"Verified symptoms," by H. N. Martin, M. D.

SURGERY.

The report of the bureau of surgery was then presented by the chairman of the bureau, J. H. M'Clelland, M. D., of Pittsburg. The report includes papers entitled "Separation of the Ligamentum Patellæ from the Head of the Tibia," by M. M. Walker, M. D. "Injury of the Abdominal Parietes," by E. W. Garberich, M. D. "Diseases of the Bones," by the Allegheny county medical society, including "Caries," by C. P. Seip, M. D., "Necrosis," by L. H. Willard, M. D., and "The Regeneration of Bone," by J. H. M'Clelland, M. D. "Ovariotomy," by D. Cowley, M. D. "Gunshot Fracture and Partial Luxation of the Inferior Maxillary Bone," by H. W. Fulton, M. D. "Surgical Cases," by M. Macfarlan. M. D. "The Treatment of Hydrocele by Galvano Puncture," by J. H. M'Clelland, M. D. "Denudation of the Canium, followed by diffuse Erysipelas," by S. S. Charlton, M. D. "Double Castration," by H. H. Hoffmam, M. D., and C. P. Seip, M. D. The above papers were on motion read, accepted and referred to the committee of publication. Dr. Cowley related a case of syphilitie orchitis relieved by iodide of Potassium and iodide of Mercury, followed on the patient's own motion by "Tanzy Bitters."

The Annual Address was delivered in the hall of the house of representatives, by Thomas Moore, M. D., of Germantown, the subject being 'Homœopathy; the science of Therapeutics, al law and the essential conditions of that law."

James B. Wood, M. D., of West Chester read an interesting report upon "*Tobacco*," which elicited a profitable discussion.

Dr. McClelland read by title a paper on "strangulated femoral hernia, with report of cases," by A. R. Thomas, M. D.

Dr. W. M. Williamson, of Philadelpeia, presented the report and papers of the bureau of clinical medicine and zymoses. The following papers were embraced in the report:

Two cases of disease of the ear, by M. M. Walker, of Germantown. Two cases of eczema, by M. M. Walker, M. D. A case of chorea, by W. R. Childs, M. D. of Pittsburg. Clinical observations on twenty-one remedies, by W. M. Williamson, M. D., of Philadelphia. Six clinical cases, by W. M. Williamson, M. D. Disease of the right auricle, by D. Cowley, M. D., of Pittsburg. Clinical cases, by S. R. Rittenhouse, M. D., of Reading. Clinical case by Chas. A. Stevens, M. D., of Scranton. Uterine hemorrhage after abortion. Uterine hemorrhage consequent on change of life. Ulceration of the right inferior molar, by W. D. Hall, M. D., of Carlisle. "Experience in the use of Bromine." "Struma and its Treatment." By A. Elblein, M. D. The above papers were read, accepted and referred to the Committee of Publication.

The following physicians were elected as officers for the year.

President—J. F. Cooper, M. D., of Allegheny city.

1st Vice-President—M. Friese, M. D., of Harrisburg.

2d Vice-President—H. R. Fetterhoff, M. D., of Newville.

Recording Secretary—M. M. Walker, M. D., of Germantown.

Corresponding Secretary—Pemberton Dudley, M. D., of Philadelphia.

Treasurer—R. J. McClatchey, M. D., of Philadelphia.

Censors—M. Preston, M. D., of Norristown; M. Coté, M. D.; of Pittsburg; Richard Koch, M. D., of Philadelphia.

Necrologist—W. R. Child, M. D., of Pittsburg.

Orator—L. H. Willard, M. D., of Allegheny city.

Alternate Orator—W. H. Cook, M. D., of Carlisle.

HOMŒOPATHY IN ST. LOUIS, MO.

Office of the Registrar of the Homœopathic Medical College of Missouri. St. Louis, Feb. 7th 1873.

Dr. E. A. Lodge: Please announce that the city of St. Louis, is in the vanguard of progress in officially recognizing the claims of Homœopathy in her Public Charities. Also please copy the marked article in the enclosed Bulletin, and oblige,

Yours ever, P. G. VALENTINE, M. D., Registrar.

"At a meeting of the Honorable Board of Health of this city, on the 18th of January ultimo, a resolution was unanimously passed by the board granting the Faculty of the Homœopathic Medical College of Missouri one day in each week to take their students to the City Hospital for object lessons and clinical teaching; whereupon the Faculty of the College appointed Prof. Franklin to fill the position granted by the Board of Health, to visit the hospital on Wednesdays of each week, from 11 to 12 o'clock A. M., throughout the term."

This liberal and meritorious movement on the part of our Board of Health will be fully appreciated by the Homœopathic fraternity both here and elsewhere, as by their action a new field of instruction and clinical teaching is opened up to the students of this system unequaled in any city of the Union. Hereafter St. Louis may justly lay claim to being the first city to open the doors of her public charities for the education of homœopathic students by their own teachers, which has inaugurated an era of fraternal harmony and good feeling which we hope will be followed by the other principal cities of the country.

We expect, when these valuable and incomparable advantages to homœopathic students shall be widely disseminated throughout the Union, there will be a rush of students here larger than ever, which will place the old Homœopathic College of Missouri on the pinnacle of educational advancement."

EXPLANATIONS—DRS. YOUNGHUSBAND AND FROST.

I notice in the Hahnemannian for February, a "Note from Dr. Frost" in which he attempts to show the "groundlessness of the railing accusations brought against Dr. Younghusband." But how he has shown what he is pleased to term "railing accusations" as being groundless, requires more acumen than most physicians possess, especially if they have in their composition even an infinitesimal quantity of honesty.

These "railing accusations" are: that L. Younghusband never attended a course of Medical lectures in any respectable Medical college, and consequently never graduated in a legitimate manner. That, he posseses a certificate or diploma from the Laight street water-cure establishment in New York, which he obtained without attending the institution at all. That he obtained a diploma, or special degree, from the Homœopathic Medical College of Pennsylvania in 1866, without attendance upon lectures, without a thesis, and without any examination, as the Dean of that college certifies over his own signature. That in 1867 he received the diploma of the Philadelphia University of Medicine and Surgery as a

reward for his success in selling their bogus diplomas. These "railing accusations" are all susceptible of proof, have been sworn to, and made over the signatures of responsible parties. Have never been denied, and are undeniable, but on the other hand have been tacitly admitted by some of L. Y's confreres. No attempt has been made to explain, but, rather to justify. Dr. Frost expresses a fear that the present "Homœ. Medical College in Philadelphia will be injured from its being placed in virtual antagonism to the establishment of Homœopathic Medical colleges in the West." Hence he says, "in 1866 the degree of Doctor of Medicine was conferred upon L. Younghusband in accordance with a unanimous vote of the faculty of the Homœ. Medical college of Pennsylvania, Dr. Y. had been for some years teacher of the Latin and Greek languages in a high school in Upper Canada,* a position for which the legal qualification is, *that the incumbent must be a graduate of a University.*" "I was satisfied" continues Dr. Frost, "that L. Y. was an educated gentleman, and a respectable practitioner of Homœopathy."

Will Dr. Frost inform us how he became thus satisfied? Was it because Dr. Y. had the certificate of the Laight street water-cure establishment? or was it a consideration of $50,00 in greenbacks?

We would ask were the above facts, (supposing them to be such) sufficient to warrant the faculty of the Homœopathic Medical college of Pennsylvania in conferring its degree? Because a man can teach "Latin and Greek and is an educated gentleman" is that sufficient evidence that he is qualified to assume the responsible duties of the Physician and Surgeon? What say you Drs Lippe, Hering and Raue, you who signed this diploma and conferred it upon this "Latin and Greek teacher?" Was this the reason your vote was unanimous? The rule of the college was, that special degrees might be conferred upon those who were graduates of a Medical college in good standing. But it is not pretended by Dr. Frost that Dr. Y. was a Medical graduate at the time the Homœ. Medical college of Pennsylvania coferred its degree upon him. What kind of a degree did you confer upon him? Who was his voucher? Was his having taught a "high school, in Upper Canada" the only evidence vouchsafed that he was qualified to practice medicine? Was this considered ample? For such *high* attainments, did you think him entitled to a *special* degree?

Dr. Guernsey in the Journal of Materia Medica for December says: "That it may not appear that the Homœopathic college of Pennsylvania was in the habit of *selling* its Diplomas, it will be proper to state that the charter of that institution provides the conferring degrees upon graduates under certain circumstances." Does this mean graduates of Medical colleges or literary graduates? Will not Drs. G. or F. explain. Will either dare say upon literary graduates? We think not.

---

* Was not this "High School" a little private academy in the obscure village of St. Thomas, Ontario?

Dr. Frost dare not assert that, L. Y. was a graduate of a respectable Medical college at the time the Homeo. college of Pennsylvania unanimously conferred upon him its degree. We challenge L. Y. to exhibit such diploma. But Dr. Frost does go on to say "In 1866, I believed as I do now all the more, that our college was itself honored in conferring its degree upon L. Younghusband." Now if the "railing accusations are true," and we assert that there is abundant evidence that they *are true*, we would ask all honorable physicians, what must have been the standing of a Medical college that could thus derive honor? To derive honor by violating its own rules, and conferring its degree for no other reason than that the recipient knew Latin and Greek, and was presumed to be an educated gentleman! Oh! shades of the sages in medicine look gently upon such honors! It is to be regretted for the honor of the profession, that the Professors of the Homœopathic college of Pennsylvania, when they found they had been duped into conferring their degree upon an unworthy recipient, did not acknowledge the fact, and *explain* how it came about; instead of seeking to justify and bolster up the outrage. It now looks as though they were in the habit of *selling* their honors for a consideration (or else that most of the Professors were deceived by dishonest men,) and deem it necessary to defend their course. It might be interesting to inquire who were the parties in collusion? Will Dr. Frost explain a few more honors done the college? We have at least one more in mind that will bear explanation. Gentlemen while explaining don't be modest, or backward.

In conclusion we cannot but express the hope that our present and future Homœopathic colleges will not follow the example of the Homœopathic College of Pennsylvania in seeking *honors*, and attach their M.D's to men's names because they have taught "Latin and Greek in Upper Canada," and then sustain such "educated gentlemen" as Presidents of Homœopathic Medical colleges "in the West," and Professors of Theory and Practice therein, for fear of injuring the Homeopathic Medical College of Pennsylvania.

Yours in explanation, E. H. DRAKE.

ANOTHER EXPLANATION—DR. REUBEN H. CHASE.—Dr. Reuben H. Chase calls to explain the statement of W. Gallupe, M. D., of Bangor, Me., as published in February. He says it is true he received some half a dozen applications for insurance, at Bangor, in 1871, Dr. Blaisdell making the medical examinations. He says he subsequently practiced medicine at Winfield, Kansas, for eleven moeths. He claims to have read medicine altogether sixteen years, and has devoted nearly half that time to medical pursuits. He says the Detroit Homeopathic College is the only medical college he ever attended, and that he is not now connected with it, having resigned last December.

HOW TO GET AN LL. D., DEGREE WITH HONOR.—One of our colleagues is working for an LL. D., degree :

1. By matriculating and passing two years of the Arts course.
2. By reading Law for three years, nine volumes each year, and standing sharp examinations at the close of each year.
3. By reading Law for *seven years* after completing L. L. B., course as above, writing a thesis, and passing a final examination.

According to the statement of a certain Professor's "conditions" he was just as much, *or as little*, entitled to Ph. D., or D. D., as LL. D. The Degree of Doctor of Laws without knowledge of law, is worth no more than an M. D., degree obtained by purchase, without a course of medical collegiate training.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY, NEW YORK CITY—REPORT FOR 1873.—Policies issued, ... 5,099

Assets,		$487,070.20
Net Cash assets, January 1, 1872,		314,529.39
Receipts.—Amount received in cash for Premiums, 1872, &c.,		248,857.74
		$563.387.13
Disbursements.—Paid death claims,	$54,825.14	
Paid Rebates and surrendered policies,	49,171.63	
Total payments to Policy holders,	$103,996.77	
Paid re-insurance, commissions, &c.,	65,058.50	
Total disbursements,		$169,055.27
Net Cash assets,		$394,331.86
Other assets,		92,738.34
Total Assets, January 1, 1873,		$487,070.20
Liabilities.— Net value of outstanding policies at N. Y. State standard,	$379,041.00	
Death claims reported, but without proofs,	6,800.00	
All other claims, due or to become, or conting't,	5,000.00	
		$390,841.00
Surplus to Policy Holders,		$96,229.20

The mortuary experience of this Company, from July 18, 1868, to Dec. 31, 1872, presents the following results :

Whole number of losses by death,		56
Deaths from accident,		6
" " disease,	50	
Homeopathic risks,		3860
Non-Homeopathic risks,		1239
Deaths under Allopathic treatment,	25	
" " Homeopathic treatment,	25	

Or 25 deaths among 3,860 Homeopaths, and 25 deaths among 1239 Allopaths.

This company deserves the active support of every friend of Homeopathy.

Personal Notices, etc.

EATON.—Dr. and Mrs. H. B., of Rockport, Maine, were visited Thursday evening, Jan. 23d, 1873, by a large company of their friends, on the occasion of their silver wedding, who left as tokens of their regard of the doctor and his wife, some elegant silver prasents, numbering about thirty-five pieces, making together a very beautiful tea service.

Dr. Eaton has been at Rockport, in active practice, for thirty-five years, and he has no reason to complain of his success as a physician.

MOFFAT.—Not the worthy M. D. of Brooklyn, N. Y., but the Mayor of the City of Detroit, who has recently been fined $200 by the Recorder, for tearing down the sign: "SMALL-POX HERE," ordered by the Board of Health no be used outside of houses where small-pox patients are treated

REMOVALS.

DELAVAN—Dr. J.S., from Albany, N.Y., to 1320 F. Street, Washinton, D.C.
HARPEL—Dr. T. E., from Shamokin, Pa., to Harrisburg, Berks Co., Pa.
HILL—Dr. S. E., from Watertown, N. Y., to Franklin, Pa.
KREBBS—Dr., from Shamokin, Pa., to New York City.
WORTMAN—Dr. W. D., from Palo to Ionia, Michigan.

NECROLOGICAL.

GREGG.—The *The New England Medical Gazette* says: The death of Dr. Samuel Gregg is a marked event in the history of homeopathy in New England. The first physician to adopt this practice in this section, he possessed a strength of intellect and force of character which attracted alike the attention of physicians and patients, and gave vigor and growth to the new school, even under the conservative and dampening shadows of Harvard University; so that, in spite of the destructive arts brought against it, homeopathy has become a power here.

Dr. Gregg was born in New Boston, N. H., in 1799. Though he never had the advantage of a collegiate education, yet, by studious habits in his early life, he acquired a good education, and was a school teacher at the age of eighteen. He graduated from the medical department of Dartmouth College in 1825, practiced medicine for a short time with Dr. John Stevens, iu Charlestown, and then settled in the town of Medford, where, for sixteen years, he held a thriving and leading practice. In the Spring of 1838, accident directed his attention to the subject of homeopathy, then little known in this country. A careful investigation convinced him of its truth; and in adopting it, he incurred the ridicule, sneers, and obloquy of his professional brethren. But greater success soon turned fidelity to convictions to his advantage, and a demand for his services in Boston soon sompelled him to remove thither. Here he acquired a very extensive and valuable practice, which he maintained to the close of his life. He died at Amherst, Mass., October, 25, 1872.

MAHON—Dr. C. L., of Smyrna, Delaware, died Feb. 3d, 1873.

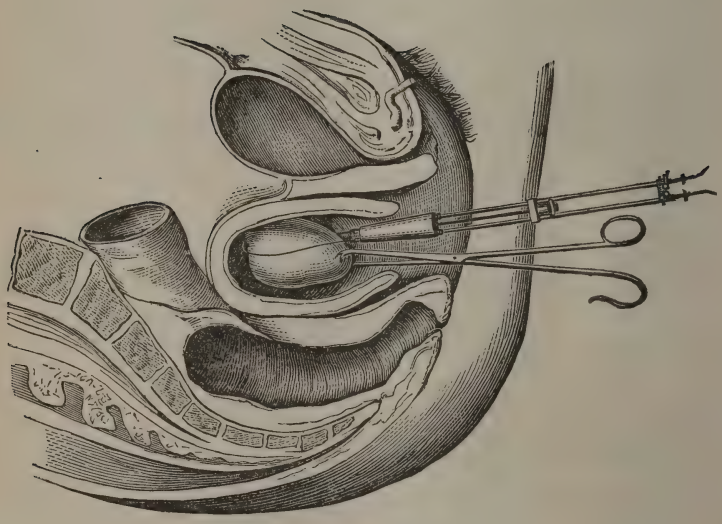


Fig. 13.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

CLINICAL NOTES ON THE ELECTRIC CAUTERY IN UTERINE SURGERY.

BY J. BYRNE, M. D.

Surgeon-in-chief to St. Mary's Hospital for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

(Continued from page 133, March No.)

CASE VI.

On the 11th of last February I was requested by Dr. J. Marion Sims to operate by galvano-cautery in the case of a lady whose history is as follows: Mrs.———, aged fifty, of healthy ancestry on her father's side, but several members of her mother's family have died from pulmonary affections, and one, an aunt, from cancer of breast. Menstruation commenced at 14 and has always been regular up to February, 1871. Has had seven children, and a premature confinement in 1856, from which she recovered speedily. From February, 1871, until August the catamenia were absent, but in the latter month she had a profuse metrorrhagia lasting for several days, and returnihg more copiously three weeks later.

On examination per vaginam, a tumor about the size of a hen's egg was found springing from the cervix and projecting into the vagina; canal of uterus of normal depth; body not hypertrophied. This tumor was removed by écraseur on September 23, 1871, and presented under the microscope the characteristic appearances of epithelial cancer. The patient seemed to improve in some respects until about the first of January, 1872, when hemorrhage returned and large quantities of blood were lost throughout that whole month.

Dr. Sims saw her on the 10th of February and discovered a large cauliflower tumor springing from the cervix and completely filling up the upper half of the vagina. The following day, February 11th, was appointed for its removal, and Dr. S.

having accidentally sprained his ankle while stepping out of his carriage, requested me to see her and operate for him. The patient was found to be in a very exhausted condition from loss of blood, and emaciated to so remarkable a degree that grave doubts were entertained as to the propriety of operating or risking the administration of any anæsthetic.

In such a state of things, however, some interference seemed urgently demanded, and ether having been administered, the operation was proceeded with in the following manner:

The platina loop was with considerable difficulty made to embrace *the upper circumference of the cervix*, and when *moderately tightened* the battery was immersed; little or no contraction of the loop being effected for a few seconds, so that the superficial tissues of the part to be cut might be thoroughly cauterized. When the wire was supposed to have entered the tissues a quarter of an inch or thereabouts, firm and steady traction was made on the tumor by means of a vulsellum,* and its connections *very slowly* severed by a further tightening of the loop. By this manœuvre the surface from which the tumor has been removed presented a deeply concave appearance and there was no hemorrhage whatever. The uterine cavity measured about one inch from the bottom of the wound. No topical application was made.

As this patient resided some miles from the city, I had no opportunity of observing her subsequent progress; but one of the gentlemen who assisted at the operation† informed me some days after, when he called to see her, that her condition was very precarious. Towards the end of May, having occasion to visit her neighborhood, I called to see her, and found her going about and able to superintend her household affairs.

The following reply to a note of inquiry has been since received from her attending physician, Dr. Fürgang, of East New York:—

"Dear Doctor: In accordance with your request I have given Mrs.———, a very careful examination. Her pelvic organs, or what is left of them, seem to be in a perfectly healthy condition. There is nothing to the touch or sight that would lead to the suspicion of a return of her disease. The part from which the tumor was taken is a little puckered, but soft and covered with a healthy-looking mucous membrane, and there is no tenderness on pressure there or in any of the

* Traction by the cautery instrument should, in *all such cases*, be carefully avoided, and the instrument kept steady and in the same position from the beginning to the end of the operation.

† Dr. Nichol.

adjoining parts. Her appetite is excellent, she sleeps well, and is rapidly gaining in strength and flesh."

This case calls for no further comment.

CASE VII.

This was what appeared to me to be epithelial cancer of the clitoris, though my friend Dr. J. C. Nott, who was present at the operation, thought it might possibly be non-malignant, and such as Sir. J. Y. Simpson has described under the term of "caruncle." The tumor was about the size of an English walnut, had all the characteristic appearance of vegetating epithelioma, and required but a few months for its development. It was removed by means of the cautery-knife (Fig. 3,) and the patient left the hospital well, but has not since been heard from.*

CASE VIII.

VEGETATING EPITHELIOMA INVOLVING THE WHOLE CERVIX.

For a full report of this interesting case, of which the following is a synopsis, I am indepted to Dr. C. H. Giberson :—

Mrs.———, aged 32, the mother of two children, and a widow for ten years ; eldest child healthy, but the younger, now ten years old, has spinal curvature. She says a married sister died at 36, of "what was called cancer of the womb." Has had almost constant hemorrhage for the past thirteen months and seems to grow steadily worse, until now (April 15th, 1872,) she is very anæmic and much depressed in spirits.

Examination revealed cauliflower growth involving the entire vaginal cervix, and extending slightly into utero-vaginal attachment on either side.

April 23d she was examined by me and the condition found to coincide with the above description.

April 26th the tumors and cervix were removed by cautery, much in the same manner as that detailed in case No. 6, but with this addition, that after all that could be embraced within the loop, had been taken away, suspicious spots on the vaginal duplicature were excised by means of the cautery-knife. When the operation was completed the uterine cavity measured 1½ inch.

May 10th. Wound presents a healthy granulating appearance.

June 1st, five weeks after operation, healing process going

* Two operations were resorted to in this case, within the last month, tearing away, each time, large masses of suppurating vegetations and thoroughly cauterizing the subjacent surface.

on rapidly ; uterus measures two inches in depth, the increase being due to filling up of deep cavity made by cautery.

June 20th. Dr. Byrne examined her and found a small granulating surface and looking well. Iodo-glycerine applied to surface, First menstruation since operation appeared June 8th and lasted moderately three days.

July 31st. Uterus 2¼ inches deep, os small, no leucorrhœa, vaginal and uterine surfaces smooth and soft, very slight point to right of os of granular appearance. General health good, but complains of shooting pains in lower abdomen.*

September 30th. Third menstruation, lasting three days, has passed over without trouble.

October 12th. Considerable pain and slight occasional flow during the past ten days until yesterday, but vaginal examination shows no ulceration and no induration perceptible.

Since the above report (October 12) the patient is doing well, but it is evident that her case is a less promising one than could be hoped for, and hence I have thought proper to present it as a darker side of the picture.

She has no cachectic appearance, however, but on the contrary looks to me so much stronger and healthier, when seeing her in the street two or three weeks ago, that I hardly recognized her. Nevertheless I look forward to her future history with much interest and some little misgivings.

CASE IX.

VEGETATING EPITHELIOMA INVOLVING THE WHOLE CERVIX.

Mrs. H.———, aged 45, has had seven children and two miscarriages ; the last living child seven years old. Menstruation has always been regular up to six months ago, when the flow became excessive and the interval less and less, until now (April 18th, 1872) it is almost continual. On digital examination the whole of the cervix uteri was found very much enlarged and greatly indurated, but soft and spongy on its presenting surface, tender to pressure, and bleeding on the slightest touch. The body of the organ was not enlarged and the vaginal walls intact.

When brought into view the os was observed to be surrounded by what appeared like luxuriant granulations, though the unstripped parts of the cervix were in color somewhat paler than normal. The case was diagnosed as one of epi-

* The increased depth of the uterus, as noticed in this examination, is due to a filling up of the excavation by *healthy* granulation, and is not peculiar to this case.

thelioma in the early sprouting stage, and she was admitted into St. Mary's Hospital for operation May 4th. The patient was anæsthetized and the entire cervix removed by the cautery, but the method pursued being so entirely similar to that of other cases already detailed, no further description is here called for. There was no blood lost during the operation, nor was there any secondary hemorrhage. Vaginal bathing with tepid water and carbolic acid was commenced on the third day after operation and continued for two weeks; sixteen days after the operation a speculum examination was made, and the surface from which the disease had been excised was almost entirely covered with healthy membrane, and the patient feeling well and anxious to see her family, was permitted to leave the institution. She has not since been heard from.

CASE No. X., being very similar to the above, offers no points of special interest to warrant a full report on the present occasion, and sufficient time has not yet elapsed to say anything of results, further than that they are not less promising than in any of the preceding cases.

CASE No. XI., is that of a patient whose condition has been noticed (No. 4,) and this second operation, like the former, was resorted to merely for the purpose of taking away such parts of the suppurating excrescences as could be safely spared.

With regard to the eleven cases of carcinoma in which, like the above, operative measures were resorted to for the purpose of affording temporary relief merely, the limits of this paper will not permit of their being referred to at any length. In seven of this latter class the disease had attacked both vagina and uterus to such a degree as to almost obliterate the one and utterly degenerate the other; yet in no single instance did the removal and destruction of such diseased tissues as could be safely reached fail to relieve in a very remarkable degree, and add to the comfort of these afflicted sufferers.

This single statement, it seems to me, supported as it is by actual observation, ought to satisfy those who question the utility of any operation in such hopeless conditions. It is surely no principle of conservative surgery to ignore palliative measures, even where disease is admittedly incurable; and yet, among the numerous victims of this terrible destroyer, how many a valuable life that might have been safely prolonged and robbed of much of its wretchedness has been allowed to ebb away in loathsome torment!

It is true, until very recently, non-interference in uterine cancers has been justifiable and eminently proper, owing to a want of the means whereby such ailments could be safely

ameliorated, but I am fully convinced by past experience that this want no longer exists. However transitory, therefore, the relief may often be, I doubt the wisdom of those who in the face of facts would still persist in thinking that their whole duty has been performed by quoting a hackneyed axiom in the pathology of these diseases, which says: "When the patient's constitution has really become infected, these diseases, if extirpated, invariably return and conduct the person who is affected by them to inevitable destruction." *

It should not be forgotten, however, that in very many instances, the prolongation of life but for one month may be of the highest consequence to a family about to be deprived of a mother's influence and watchful care, even though that mother be a helpless invalid.

Furthermore, in order to determine as to the propriety of operations for the relief of such patients, there are, or ought to be, but two questions worthy of consideration, namely: Have we the means whereby such a course may be undertaken without risk to life, or in any way adding to existing evils? And secondly, Have we good grounds, *i. e.*, clinical data, for hoping to ameliorate the sufferers condition thereby? Apropos of these considerations I submit the following cases:—

CASE XII.

CARCINOMA OF UTERUS AND VAGINA. OPERATION PALLIATIVE.

Mrs.———, widow, aged 30, has two children, and always enjoyed perfect health until some time in the month of January last. About this time menstruation, previously regular, appeared in great excess and lasted over eight days. This was followed by a copious watery discharge for two weeks, when metrorrhagia again appeared and hemorrhage on the latter occasion continued for ten days. A watery and whitish discharge as in the previous interval continued up to the first week in March, when, after a hard days' work as chamber-maid in a hotel, she was seized with violent expulsive pains and almost fatal hemorrhage. She cannot remember how long the flooding lasted then, but on its ceasing she applied for admission and was received into one of the New York hospitals, where she remained for a few weeks without having had anything done for her. On Friday, the 10th of May, she applied at the College of Physicians and Surgeons in 23d, street, and was examined by Professor Thomas, who at once

* Muller on Cancer, etc London, 1840 page 28.

discovered extensive carcinoma of the uterus, involving the vaginal walls anteriorly and posteriorly, and accordingly pronounced her case as utterly hopeless, which it certainly was Under these circumstances she applied for admission to St. Mary's Hospital, May 13th, 1872, with a letter from Dr. Chas. S. Ward, who stated that he recommended the patient to see me, in hopes that I might be able to do something towards relieving her temporily by galvano-cautery.

When admitted, she said she had not ceased flowing for several days past, and her wretched and bloodless countenance bore fearful testimony to the truth of this statement, for she was unable to move one step without support, and it was found necessary to administer stimulants freely before she could be safely removed to bed.

By digital examination I found the condition precisely as Dr. Ward had stated, and as the loss of blood was frightful, nothing could then be done beyond tamponing the vagina. This succeeded in arresting the hemorrhage ; but on its being removed the following day it was evident that something of the kind would again be necessary, and a fresh tampon was applied. This latter was allowed to remain in 48 hours, and its removal not being followed by any return of hemorrhage, I decided to try what could be done by the cautery at the earliest possible moment.

The operation which took place on Saturday, May 18th, may be described as follows : The upper half of the vagina being packed with a large encephaloid-looking mass adherent on all sides, it was found impossible to loop more than a portion of it, so that after removing all that could be taken in this way a much larger proportion yet remained. The soft brain-like character of the outgrowths prevented the heated wire from acting as a hæmostatic, considerable blood was lost, and it was therefore determined to complete the operation as quickly as possible. This was done by grasping the more projecting parts of the mass by a strong polypus forceps and forcibly tear them away piece by piece, until the greater part of the spongy excrescences was twisted off from the uterine cavity as well as the vagina. The cautery-knife was employed to trim off and scoop out whatever remained, and the dome-shaped cauterizer thoroughly applied to the whole subjacent surface. It was now found that the hemorrhage had entirely ceased, but as a security the uerine cavity and vagina were carefully tamponed and the patient put to bed.

Her daily record for the succeeding two week contain nothing of sufficient importance to warrant minute detail

The tampon was removed 48 hours after the operation, and no hemorrhage whatever appearing, the vagina was ordered to be washed out twice daily with a mixture of carbolic acid, glyerine, and water.

No peritoneal or other inflammatory trouble followed this operation, and very many of her former pains and distressing symptoms were entirely relieved. Her appetite and sleep returned, and in three week she was strong enough to sit up and walk through the ward.

The purulent discharge following the use of the cautery continued for 15 days, after which appeared a slight, serious-looking, but yet entirely inodorous drain.

June 15th, the parts operated upon were carefully examined and found to be smooth, but uneven and somewhat hard to the touch, but, as far as the eye could reach, seemed to be covered with some kind of membrane, and manipulation provoked no hemorrhage. A steady improvement has been observed in her appearance from day to day, and now feeling comparatively strong and being anxious to visit her friends she was permitted to leave the hospital. I regret to add that I have not been able to trace her whereabouts since.

Cases of which the preceding one may be considered a type, might also be related, had I not already far exceeded the proposed limits of my remarks, I deem it proper to state, however, that in three out of the ten cases of pelvic encephaloid cancer operated upon, the disease, though limited, included the whole uterus, and these were by far the most unsatisfactory of this class. In one case, a patient of Dr. Sims, I operated twice, and though in the second effort he, Dr. S., scooped out large quantities of the diseased mass from the uterine cavity by means of his curette, preparatory to the application of the cautery, and despite a very complete charring of all the denuded surfaces within reach, the bleeding excrescences were rapidly reproduced. This lady, who resides in another State, though not improved by what had been done, was certainly made no worse, and in accordance with advice returned to her home.

Altogether, from what I have observed in these three cases, I believe but little if any advantage can arise from the use of the electric cautery in carcinoma of the body of the uterus, when this organ has been the starting point of the malady, and when the cervix has already been destroyed by the disease in its upward march.

The next case to which I shall refer is one of interstitial fibroid or perhaps what might more properly be designated diffuse fibrous hyperæsthesia of the right half of the uterus.

CASE XIII.

INTERSTITIAL FIBROID.

Miss———, aged 22, sought advice on account of menorrhagia, in March, 1869, which had existed for about 12 months previously. At this time her friends stated that she seemed to be increasing in size, and that a hard swelling had been noticed towards the lower and right side of her abdomen, but no examination was made until August of the same year. At this peroid a large globular and firm tumor was found occupying the right iliac fossa, and a digital examination per vaginam discovered the os uteri dilated to its utmost capacity and this same body presenting. The margin of the open cervix was traceable only to the extent of one-half its circumference, the remaining or right half being continuous with the intra-uterine tumor. Monorrhagia was very profuse, and each catamenial period was likened to a severe and prolonged labor, being attened with violent expulsive pains of an intermittent character. In September, 1869, an attempt to draw down the tumor was made with a view of removing it, but its sessile character was such as to render the effort impracticable.

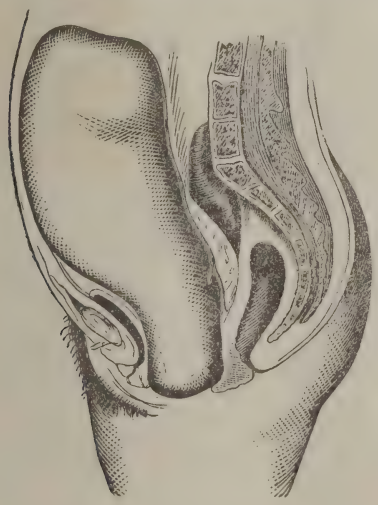


Fig. 11.

In December, 1869, Professor Barker saw the case in consultation with her attending physician, Dr. Schapps, diagnosed a recurrent fibroid, and discouraged any attempts for its removal. Up to November, 1871, the tumor continued to increase in size upwards as well as within the vagina, and extended from two inches above and to the right of the umbilicus down to the vulva. The pelvic cavity was now completely filled up with this firm, irregularly-lobulated mass; defecation was seriously impeded, and the frequent use of a catheter was called for to empty the bladder, which could only be entered by a long, flexible one, and with much difficulty. Menorrhagia was not so excessive as formerly, but the violent expulsive pains already referred to still recurred with each cata-

menial period. She was now in a most deplorable condition, from long suffering and loss of blood, and at this period in her history I saw her for the first time at the request of Dr. Schapps. By placing the patient on her side and drawing back the perinæum, a sound could be passed into the uterine cavity, and plainly felt through the abdominal wall above and to the left of the umbilicus, and the depth measured at least ten inches. The vaginal mass was firm and elastic to the touch, and numerous large-sized blood-vessels were observed ramifying on its surface. An attempt to remove this intra-vaginal part by galvano-cautery was now proposed and consented to. The operation, which took place November 15, 1871, may be described as follows: A strong semicircular needle, seven inches in length exclusive of handle, with eye 3/8 of an inch from point, and carrying a heavy thread, was made to penetrate the tumor posteriorly as high up as could be reached, and was pushed forward until the point could be felt behind the pubic arch, provision being made to protect the urethra from injury. A slight additional force enabled me to reach the thread by means of a tenaculum, and the needle was withdrawn, while one end of the thread was brought down anteriorly. A strong platina wire being attached to the cord, was next drawn through and made to take the place of the latter. At this stage some trifling hemorrhage was observed. A connection was now made to the battery, and by very slow traction, occupying at least fifteen minutes, the tumor was split down longitudinally, and thus divided into two nearly equal halves and without loss of blood. The left half of the mass was now looped, and its removal effected with comparatively little difficulty. An effort was next made to dispose of the remaining portion by the same process, but after repeated trials this method was found to be impracticable, principally on account of its more irregular and conical shape. Recourse was now had to the cautery-knife, with which the whole was removed piecemeal, and all irregular projections within the pelvic cavity being trimmed off, the operation, which lasted two hours and a quarter, was thus completed.

The patient's recovery from the effects of the operation was rapid, and unattended by the slightest inflammatory symptoms or irritative fever. Relief from the more distressing symptoms was complete; her appetite and strength rapidly returned, and though no attempt at spontaneous enucleation of the upper segment of the tumor took place, an occurrence faintly hoped for, yet her general health continued to improve, and for a period of over six months her life was one of comparative comfort.

In the early part of June, however, Dr. Schapps informed me, that though the abdominal part of the tumor had not apparently increased, the pelvic growth had to some extent reappeared, and the menstrual expulsive pains returned with much severity.

On the 15th of last August I was urgently requested to see her, on account of great difficulty having been found by Dr. Colt, Dr. Schapps being then in Europe, in emptying the bladder by catheter, following an unusually severe and long-continued attack of her periodical expulsive pains. Her suffering was described by her mother as equal to a severe labor, and she was hourly expecting a return of the same agony, which, in her now emaciated and anæmic condition, it was thought impossible she could survive. The tumor was to be seen bulging out between the vulva, and a flexible catheter was passed into the bladder with much difficulty. On the night of the 17th she was seized with the dreaded pains, and during one violent paroxysm a large part of the tumor was forced through the vaginal outlet, lacerating in its passage the perinæum and one side of the vulva.

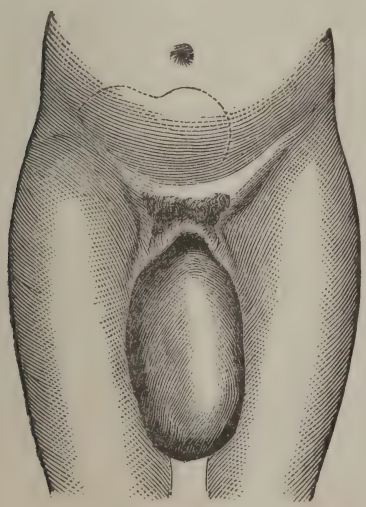


Fig. 12.

Its size, shape, and general appearance will be understood by reference to the illustration (Fig. 12,) and the dotted lines indicate the form and position of its upper pelvic and abdominal portion.

The protruding part measured 9 inches in length, and from 14 to 15 inches in circumference. For a space of two to three inches from its lower end sphacelated discoloration was observed, and the odor of decomposition was strongly marked. Numerous large blood-vessels were seen ramifying on its surface, the upper two-thirds of which was of a deep red color, from interruption in its circulation; while in consistence it presented the firm character of an ordinary fibroid.

THE OPERATION.

The patient being anæsthetized, powerful traction was made below, while steady pressure was kept up on the supra-pelvic

extremity of the tumor; but after continued efforts it was found impossible to bring it down more than one inch beyond the position it had already attained, owing in part to its connections within, but principally on account of its larger dimensions above. A double ligature of strong whip-cord was now passed from behind forward through the centre of the tumor, immediately outside the perineal commissure, steady traction being all the time kept up, and the mass ligated in the usual manner, the principal object being to insure full control of the stump during and after excision. As the vascular appearance of the parts forbade the use of any ordinary-sized platina wire, a piece six inches in length of No. 16 (Stubb's gauge) was fastened by binding screws between the two conducting cords of the battery, and covered so as to adapt itself to the contour of the tumor. This was now applied, *while cold*, to the under surface, half an inch below the ligature; and all being in readiness, the battery was next immersed, and the heated wire slowly carried around the tumor, as in circular amputation, thus effecting a deep fissure, and completely sealing up the superficial vessels. The battery was now raised and the wound examined, but no disposition to hemorrhage was observable. The wire was next applied to the under surface of the tumor as in the first instance, the battery reimmersed, and by a slow and steady see-saw movement the whole mass was cut through. Though the ligatures had by this time become quite loose from traction, there was no bleeding from the stump; nevertheless, in order to guard against secondary hemorrhage, the whole surface was well seared over a second time, and the dome-shaped cauterizer pressed into every suspicious point.

The stump was then returned within the vagina, and an anodyne suppository of Belladonna and Morphine ordered, but no dressing to the wound was used or deemed necessary.

As space will not permit a detailed record of her progress after the operation, I will merely add, that though suffering from two extensive bed-sores, she improved rapidly and without the slightest symptom of local inflammation or irritative fever. The ligatures were allowed to remain for three or four weeks, with the hope of effecting some reduction in the upper tumor by drainage; but their presence giving rise to a good deal of annoyance, and for obvious reasons, they were taken away.*

* A third operation has since taken place, and will be described before the close of this paper.

CASE XIV.

CASE OF SESSILE INTRA-UTERINE FIBROID.

Mrs. D., aged thirty, widow, has had five children and one miscarriage. Menstruation was always regular up to two years and a half ago, when her periods commenced to be prolonged and the flow excessive. She states she has been under observation at Bellevue Hospital for about three months previous to her admission into St. Mary's, which was on the 15th of April, 1872. Her metrorrhagia had been for some time past almost continual, and as she was very much reduced from loss of blood, it was deemed best to prescribe rest, nourishment, and local astringents, before submitting her to the ordeal of a thorough examination. On the 1st of May, her condition having greatly improved, an investigation was made with a view to diagnosis and with the following result: Above the pubis and a little to the left was noticed a firm globular tumor in size about that of a four months' pregnant uterus, somewhat tender to the touch, and slightly movable from side to side. A digital examination revealed the presence of an intra-uterine tumor presenting within the os, which was soft and dilated to the extent of a silver dollar. The growth resembled an ordinary fibrous polypus, and it appeared to be free and detached from the uterine wall as far as the finger could reach, but owing to its large size (being about that of a human heart, which in shape and consistence it resembled,) and as in its upper half it seemed to fill the entire cavity, the true character of its connection could not then be made out. I had not the good luck at this time to be made acquainted with the simple and ingenious device of Prof. Thom, as by the aid of which I have no doubt I might have been able to estimate the extent of its attachment.

The case was therefore diagnosed as one of intra-uterine fibrous polypus, and most probably pediculated. It should also be stated that manipulation with the sound failed to give any clear idea of the nature of its attachment.

On the 4th of May the patient being anæsthetized, the cautery loop was passed into the uterine cavity and over the tumor; but as the latter was now found to be much less movable than at first supposed, this step in the operation was attended with the utmost difficulty. I soon noticed that the wire could not possibly be made to embrace the outgrowth sufficiently far up to remove it entire, and now for the first time the real character of its attachment admitted of little doubt.*

* The attachment of the tumor is not quite correctly represented in the above sketch, the upper portion being less spread out and proportionately narrower than the actual condition observed would warrant.

A strong vulsellum forceps, being once more carefully passed through the loop and into the cavity, was opened, and the apex of the tumor laid hold of. Firm traction to the extent of partially inverting the uterus was then steadily maintained, while the loop was passed up as far as possible and tightened. The conductors were next attached and the battery immersed, when by a slow movement of the screw in the loop-handle the part embraced was cut through and removed. Space being now afforded for the introduction of two fingers, it was found that but little more than one-half of the tumor had been taken away. A repetition of the proceedings just described resulted in the removal of the remaining half, the surface from which it was taken being slightly elevated at its circumference, and seemingly about 2½ inches in diameter.

No blood was lost during the operation beyond what would necessarily come from handling the parts, nor was there any secondary hemorrhage. The uterus was injected daily with a weak solution of carbolic acid and vinegar, and the after-treatment in other respects consisted of beef-tea, milk punch and tonics, with an occasional anodyne suppository. Two weeks after the operation there was a trifling bloody discharge when the uterine cavity was explored by a polypus-forceps, and a portion of slough removed. A strong solution of iodine was then freely applied and no further bleeding occurred. On the 30th of May, twenty-six days after the operation, the cavity of the uterus measured a little over three inches, and as the patient seemed to be daily improving, she was pronounced out of all danger. She left hospital on the 3d of June.

CASE XV.

FIBROID POLYPUS OF THE UTERUS.

Kate———, aged forty-five, unmarried, had always enjoyed good health and menstruated regularly up to June, 1870. About this date she says the intervals between her courses began to be prolonged and the flow scanty, but that towards the end of December she was taken with "flooding," which lasted two weeks. Throughout the year 1871 she had attacks of metrorrhagia, sometimes lasting for ten and even fifteen days, and for the cure of which she stated she had taken "a power of medicine." She noticed some increase in the size of her abdomen, but it did not engage her attention to any extent; and on the 30th of December, 1871, she was seized with severe hypogastric pain and "bearing down," when a large tumor made its appearance outside the vulva. Dr. J. P. Dwyer was now called to see her, diagnosed a fibrous polypus, and

recommended her to be sent to St. Mary's Hospital for operation.

On examination the tumor was found to be firm and lobulated, and in size about twice that of a closed hand. Its pedicle, which measured about four inches in length, was round, and about one inch in diameter at its smallest part, which appeared to be midway between the tumor and its uterine attachment. Affixed to the pedicle, about an inch and a half from the tumor, was a small pediculate fibroid outgrowth.

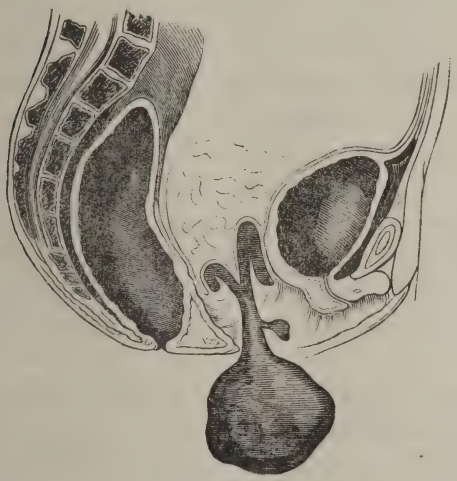


Fig. 14.

On attempting to pass a sound into the uterus, which appeared fully dilated, it was found impossible to carry it beyond one inch anteriorly and less than half that distance either behind or in a lateral direction. A finger passed into the rectum came in contact with a firm body as far as could be touched and conjoined pressure over the pubes failed to convey any very definite idea as to the form or position of the fundus. Nevertheless, partial inversion of the uterus was diagnosed, and accordingly, *instead of proceeding to sever the pedicle near what seemed to be its uterine insertion, the point selected was half an inch above the little secondary outgrowth. When the heated wire had passed through and the tumor was removed, the uterus was found to have reverted itself and the cavity measured over three inches in depth.* Two weeks after the operation the patient was discharged cured.

ANÆSTHETICS.—According to John Morgan, M. D., F.R.C.S.I., Surgeon to Mercer's Hospital, Dublin (*British Med. Journal*, Oct., 1872,) the ratio of deaths following the employment of anæsthetics is as follows :

Agent employed.	Deaths.		Inhalations.			
Ether,	4	to	92,815,	or	1	in 23,204
Chloroform,	53	to	152,260,	or	1	in 2,873
Mixture of Chloroform and Ether,	2	to	11,176,	or	1	in 5,588
Bichloride of Methylene,	2	to	10,000,	or	1	in 5,000

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

LEUCORRHŒA.

A contribution to the characteristics and diagnosis of Leucorrhœa.

BY DR. TRITSCHLER.

DIAGNOSIS OF THE DIFFERENT DISCHARGES.

(1.) *Watery.*—Watery discharges appear during the greater part of *pregnancy*, without being injurious to the fœtus. The symptoms of pregnancy ensure the diagnosis and a diminution of the size of the uterus, may be found in proportion to the fluid passed.

Hydatid moles are a second cause of watery discharge. Women may consider themselves pregnant, as they quickly increase in size, but the movements of the child are not felt, all symptoms of pregnancy are wanting, and after a certain time, moderate discharges ; repeating themselves off and on, set in, accompanied by bearing-down pains. *Cauliflowery excrescences* are also accompanied by most copious serous discharges of a brown color. Digital examination and the speculum are necessary for the diagnosis. A cauliflower indented tumor with knobby hard edges and deep furrows, and fissures is felt, and the speculum shows pedunculated cauliflowery proliferations with a reddish or dirty white surface seated on the vaginal portion. *Polypi* in the uterus are also sometimes the source of very profuse watery discharge. Here watery discharges alternate with bloody ones, the menses are profuse and there are other symptoms indicating the presence of polypi. *The adhesion of an ovarian cyst to the fallopian* tube is sometimes the cause of a watery discharge. The contents of

a fluid cyst reach the fallopian tube, flow hence into the uterus to be slowly discharged per vaginam. Diagnostic symptoms are: a tumor felt at first in the hypogastric region, diminishing or passing away with simultaneous watery discharge per vaginam. Sir C. W. Clarke mentions *a moist excrescence of the labia*, a chronic eczematous affection of the skin, with a chronic inflammatory state of the underlying tissues. *Involuntary urination* in consequence of the paralysis of the muscles surrounding the urethra or in consequence of vesico-vaginal fistulæ making itself known by its urinous smell.

MUCUS OR PURULENT DISCHARGES.

Such discharges are usually known as leucorrhœa and in contradistinction to the former one we find here the discharge nearly *continuous*. They are all more or less opaque, its consistency gluey or gelatinous, or creamy or quite fluid. The discharged fluid is of a mixed character consisting of the secretions of the mucous membrane of the neck of the womb, of the vaginal mucous membrane and in some cases of the uterine cavity. We distinguish *uterine and vaginal leucorrhœa*. In the latter the discharge looks coagulated, has an acid reaction and contains tesselated epithelium, in the former it looks soapy or like glassy pieces of coagulated mucus. The discharge from the cervix is gluey, creamy and more profuse. In purulent discharges we have to examine if they are continual or not. A continual discharge originates in the vaginal mucous membrane, in the cervical glands of the uterus, on the surface of a cancerous or other ulcer, in suppurating membranes remaining after an abortion, in retained placenta or membranes. Quite a number of continuous discharges are *gonorrhœic*, though it is sometimes difficult to diagnose, as the gonorrhœic discharge is very similar to the usual leucorrhœa. Gonorrhœa in its worst form is a severe vaginitis, the discharge consisting of epithelial plasma and purulent fluid. More frequently it is a vulvitis, *i. e.*, the inflammation remains limited to the mucous membrane of the vulva. The meatus urinarius mostly partakes of the discharge and irritation, with heat, pain and burning along the urethra, aggravated during urinating. In acute cases even blood may be discharged by

the urethra, in chronic cases the discharge from the urethra secures the diagnosis. We must also distinguish between gonorrhœic and syphilitic leucorrhœa, and characteristic symptoms of the latter are: a chronic state of the leucorrhœa, preceded or combined with frequent abortion or the birth of dead infants, the presence of secondary syphilitic symptoms, swelling and induration of the inguinal glands (no suppuration) and the favorable effect of anti-syphilitic remedies on the leucorrhœa.

When the discharge is not continuous, we may look for its origin in the uterine cavity or in an abscess, seated in the neighborhood of the vagina and discharging its contents into it. We have positive proof for the discharge from the uterine cavity, when contractions arise at the union of the body and of the neck of the uterus—senile atrophy, flexion etc.,—whereby occasional and abrupt purulent discharges were observed from the sexual organs. I have seen repeatedly purulent discharges from the uterus in consequence of suppuration of a polypus. The following symptoms are observed under such circumstances in women still menstruating: dysmenorrhœa, a peculiar sensation of constriction around the loins, qualmishness, vomiting; the symptoms cease with the discharge of the purulent fluid. In *pelvic abscesses* as the result of confinement, or as suppurating result of the contents of a periuterine hæmatocele, the discharge comes at once and suddenly; a characteristic symptom, distinguishing it from common purulent leucorrhœa.

SANIOUS DISCHARGES.

Sanious discharges consist in a reddish colored fluid, clearly containing an admixture of blood-elements. Everything producing hemorrhage may therefore also produce a sanious discharge, and we find them in women with profuse menstruation or suffering from hypertrophy of the cells, leaving the cervix as soon as they ulcerate; in tumors inside of the uterine cavity; in organic diseases of the uterus, caused by a fungoid state of the uterine mucous membrane, or by malignant ulceration of the os-uteri, in pelvic hæmatocele, when a communication exists between cyst and vagina.

FOUL SMELLING DISCHARGES.

Formerly such discharges were considered as an absolute symptom of cancer, but though it is true, that in all cases of uterine cancer the discharge is peculiarly foul smelling, still there are many cases, where this odor is not present. The miscroscope can alone confirm a diagnosis for cancer. Where the leucorrhœa is profuse and purulent, accompanied by hectic fever and general loss of strength, and where the secretion is retained for some time in the organ, the discharge will become foul-smelling, if there is a simultaneous contraction of the ostium vaginæ.

Some vaginal discharges exercise an irritating effect on the surface of those parts with which they come in contact. Redness, excoriation, itching of the inner surface of the thighs and of the external sexual organs is often observed, caused by the constant contact of these parts with the highly acrid vaginal secretion, or caused by the corroding secretion of the ulcerating cancerous surface of the os uteri. Syphilitic ulcers may infect neighboring organs, but where doubt exists, syphilisation on the thighs will clear it up.

CAUSES OF LEUCORRHŒA.

They may be constitutional or local, sometimes both causes are simultaneously present in the patient. Climate is a great constitutional or general cause, more frequently in warm climates, (usually in connection with a tendency to menorrhagia and in moist cold countries, as Holland, Belgium, etc.) Plethora is often a cause of the fluor albus in women, who live well and exercise little, here the discharge is a drain for an overfilled system, but we also find leucorrhœa in women weakened by loss of blood or deficient nutrition. Pregnancy also causes leucorrhœa, especially in women of weakly constitutions and relaxed fibre. After confinement leucorrhœa may be the consequence of a general congestion of the sexual organs, and of a specific inflammatory state of the uterus. Such cases are found after abortion as well as after natural labor, and are accompanied by profuse menstruation, pain in small of back, in the inner sexual organs with a bearing down sensation. Where leucorrhœa appears in women who had their children

in quick succession, or suffered before from discharge, a change in the texture, size and form of the uterus takes place accompanied by general anæmia.

Where fluor albus is based on a constitutional morbid state, the uterus will fail to show any pathological symptoms as pain, sensitiveness, etc., the quantity of the discharge is also less copious, as also the tendency to decomposition and foul odor, than when a lesion of the generative organs is present.

The local causes are very numerous, and for our diagnosis, inspection, digital examination and speculum are necessary. Such are: chronic congestion of the uterus, chronic inflammation of the cervix; excessive coitus; onanism; general catarrhal inflammation of the vaginal canal; tumors in the sexual organs or situated outside, but irritating these organs; polypi; fibroids; cancer of the uterus, hypertrophy of the cervix and of the uterus; flexion; retro and anteversion, prolapsus and inversion of the uterus; prolapsus of the bladder and of the vagina. Irritation and morbid state of adjacent organs; ascarides in rectum, especially in small children; hemorrhoids; diseases of the bladder; catarrh; calculi, etc.

THERAPY.

The treatment of leucorrhœa is general and local, and only by strict individualization of every case, and by faithful observation and valuation of each and every symptom, good results may be expected. In most cases a combination of the general with a local treatment is advisable. Before starting on our work we must find out what caused it, *e. g.*, in a phthisical patient suffering from leucorrhœa we treat the general disease, using at the same time local treatment for the leucorrhœa.

The uterus is hardly ever perfectly sound in leucorrhœa, usually it is congested, enlarged, its tissue relaxed and the activity of the cervical glands abnormally increased, In all cases it will be absolutely necessary to remove such a congested condition as also to attend to the digestive and cutaneous functions, for I have observed too often, that other treatment fails on account of such neglect. The quantity and quality of the food, as well as the mode of partaking of it must closely correspond to the requirements of each individual case. The

skin must be kept warm and its normal activity incited by friction, motion and baths.

Water.—In relaxation of the vaginal portion of the u erus the application of *water* in the form of sitz-baths, injections etc., is necessary, but we must carefully weigh the sensitiveness of the patient and only gradually lower the temperature of the water. We consider baths powerful auxiliaries in the treatment of leucorrhœa from constitutional causes, as they act on the circulation and on the skin, and thus remove congestion of internal organs. In the selection of the bath the state of the patient must be considered. The simplest form is sponging both morning and evening, followed by firm rubbing with a coarse towel, or cold sponging after rising in the morning. In some special cases I apply a half-bath of a few minutes duration and of a temperature of 22° R to 16° R. After the bath the patient is packed in a sheet well wrung out, covered with woolen blankets, wherein she remains from ½ to 1 hour, followed by a good rubbing with a wet cloth. In other cases a full bath is preferable, at first warm, gradually diminishing its temperature to 16° R. If we wish to act through the bath on the vagina, a speculum may be introduced, so that the fluid may enter. After a bath a thorough friction of the skin is advisable in order to keep off headache and other morbid sensations. Swimming may do good service in some cases, but douches are decidedly wrong, as they aggravate the nervousness of such patients.

Warm baths are preferable in all acute cases, and vaginal injections cannot be dispensed with in any case, and we prefer large, elastic sponges, so that the cervix uteri might be irrigated. Allow me to mention a few remedies which I have found specific in individual cases:

Alumina.—Acrid, corroding lucorrhœa, with scanty menses, and pains before and during catamenia.

Aurum mur.—Leucorrhœa light yellow, mornings, with burning and itching in the vagina, excoriations with great sensitiveness and biting itching; prolapsus and induration of the uterus; chronic metritis with malposition and discharge.

Calcarea.—Leucorrhœa before menses, milky leucorrhœa

profuse at times; burning itching leucorrhœa; menses too early and too profuse with sterility, general malaise, paleness of the face and emaciation; irritable moods; frequent menorrhagia.

Carbo veg.—Leucorrhœa with too early and too copious catamenia, with itching, burning and soreness in the pudendum. The difference between Calc. and Carb. is, that in the former the skin, the glandular and osseous system is affected, whereas Carbo acts especially on the stomach and intestines, which are supersensitive in spite of their debility and total prostration of digestive powers.

Causticum.—Copious leucorrhœa with disinclination to coitus; menses retarded, but increased in quantity with hysteric spasms and insupportable restlessness over the whole body.

China.—Leucorrhœa with spasmodic contractions of the uterus and painful bearing down to the vulva and anus, with increased catamenia, uterine hemorrhages, great general debility from loss of fluids, onanism, loss of blood.

Cocculus.—Leucorrhœa resembling serum with too early menses and abdominal spasms. All the troubles only on one side, with spasms and convulsions of the extremities at the appearance and during menses. Abdominal pains as of a heavy stone.

Conium.—Burning, smarting leucorrhœa, originating in the uterus; suppression of the menses, itching at the vulva or uterine spasm during the too early and scanty catamenia, followed by leucorrhœa, accompanied by nightly pains, hysteric paroxysms with great abstinence of unmarried people, swelling and induration of glands.

Graphites.—Watery white leucorrhœa; abdomen tense, with menses delaying, scanty and pale.

Iodine.—Uterine leucorrhœa with swelling of the cervix, os uteri feeling hard and indurated, uterus enlarged, tendency to menorrhagia; corroding leucorrhoea, rendering the thighs sore.

Kreasote.—Leucorrhœa with great debility, especially when walking or standing. Discharge yellow, excoriating, menses too early, too long and too copious.

Lycopodium.—Leucorrhœa after preceding cutting in abdomen, yellow discharge with too profuse and too long menses, melancholy before menses; long lasting dryness of the vagina and tendency to abortus.

Mercurius.—Puriform corroding leucorrhœa with swelling of the labia and inflammation of the vagina, (Syphilis.)

Natrum muriat.—Corroding leucorrhœa with yellowness of the face, too early and too profuse catamenia, with itching at the pudendum and sterility. Scrofulosis. Uterus painful, collum uteri thickened, swollen with ulcers at the os. Pale face, difficult digestion, continuous severe pain in abdomen, frequently with affection of the ovaries, especially of the right one.

Phosphorus and Phosphoric acid.—Leucorrhœa with chlorosis; menses too early and too profuse.

Pulsatilla.—Leucorrhœa before and during menses, acrid thick, like cream, but painless; menses too late, delaying or suppressed.

Sepia.—Leucorrhœa during climaxis, when menstruation already ceased or becomes irregular, with venous stasis in the abdominal organs, and small diphtheritic ulcers at the inner surface of the labia and vagina.

Silicea.—Leucorrhœa during urinating, with too early menses and itching at the pudenda.

Sulphur.—Corroding leucorrhœa with itching, burning and soreness of the pudendum; pressing and bearing down to the uterus; irregular menses; headache before menses.

Zincum.—Thick slimy leucorrhœa with great sensitiveness of the sexual organs; cutting and pressing in abdomen, bloatedness of abdomen.

I begin these cases with internal treatment and use as auxiliaries water in its different applications. Sometimes I also use the same remedy externally, and after selecting with due consideration a remedy, I usually persevere with it. Usual doses first to third dilution or trituration, externally tincture or 1st. The tincture was given either pure with water or in erosions and ulcers of the collum and os, with glycerine. Triturations were sprinkled on cotton and introduced per

speculum. Where action on the cervical cavity or on the cavum uteri is necessary, we dilate the canal and then carry the remedy up to the place indicated. We use thus : Alumina, Aurum mer., Calc. carb., Carb. veg., Graphites, Silex, Sulphur and Zinc. For the dilatation sponge-tents or laminaria, are necessary, and injection with water or glycerine is made in the proportion of 1/10 or 1/20.—*Hirschel's Hom. Klinik, Novbr. 1872.*

ÆTIOLOGY OF ECCLAMPTIFORM PAROXYSMS.

BY A. WERNICH, M. D.

It is well known, that during pregnancy ecclamptiform convulsions may set in without any albuminuria. Schroeder reports fifty such cases in his work on midwifery. In two cases, which came under my observation, albuminuria was also absent and the patients complained especially about a numb sensation, prickling, at times severe pains and paralytic weakness in the lower extremities. Most authors consider its cause a pressure on the plexus ischiadicus in the pelvis.

Brown-Sequard and *Westphal*, in their experiments on Guinea-pigs showed that epileptiform convulsions could be produced at any time on these animals. By dividing one-half of the spinal cord or one N. ischiaticus, and pinching the face on the same side (irritation of an epileptigonous zone) a paroxysm can be produced, which in all its points is very similar to an epileptic fit.

Other lesions of nerves produce the same effect, as Billroth and Brioud have shown, and we must therefore look out for such an epileptigonous zone. Westphal demonstrated, that we must make our experiments for that purpose on different parts of the body. Here we have to inquire, if the sexual organs do not contain such peripheric nervous regions; by the irritation of which the vaso-motory and spasmodic centers, already morbidly effected are put into action. Many accoucheurs report cases arising through exploration of the uterus. Heker reports a case where ecclampsia set in during scarification of the labia majora. I saw one case, where in a woman who never had an epileptic fit, a well characterized epileptic fit set in after an intra-uterine injection. (Compare also Hall Davis, London Obst. Transact. XI, 274.) We see therefore no reason why we may not in some cases of ecclamptic fits consider such epileptogonous zones existing in the sexual organs, especially in all such cases where *no* albuminuria is present.—*Berl. Clin. Wschft. 42 1872.*

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

TWO CASES OF PUERPERAL CONVULSIONS.

BY W. C. RICHARDSON, M. D., PROF. OF GYNÆCOLOGY IN HOMŒ. MED. COLL. OF MO

Of all diseases the physician is called upon to treat, this is one of the most appalling. On entrance to the patient's chamber one finds the friends and attendants so completely overcome with fear and consternation as not to be able to render the slightest assistance or even to answer questions lucidly. In fact a general panic exists, and indeed, it is not to be wondered at, for the young practitioner himself is not unfrequently very much terrified at the formidable symptoms that are exhibited: the violent convulsive contortions of the whole body, the glaring eyes, the firmly set jaws often closing upon the tongue, producing hemorrhage, which together with the froth and foam issuing from between the teeth, the distorted physiognomy and great muscular strength, requiring sometime three or four persons to prevent the patient from injuring herself, all tend to produce an aspect before which the inexperienced may well be expected to quail.

A short time since I was called to see Mrs. Q., a stout florid woman aged 20, who was supposed to be about eight and a half months advanced in pregnancy: in the morning at five o'clock she was attacked by convulsions, accompanied by profuse vomiting, which vomiting, by the way had been prevalent during her entire period of utero-gestation, and not as is usually the case confined to the earlier stages. The convulsions, exceedingly violent in their nature, occurred every twenty-five or thirty minutes, with a lucid interval between the paroxysms, pulse only slightly acceleratad, skin moist, os-uteri on examination found rigid and not the slightest

dilatation. Prescribed Belladonna, ten drops of the third dec. dil., in four tablespoonfuls of water, a teaspoonful to given every fifteen minutes, applied pounded ice to the head, went to see other patients, promising to return in three or four hours, which I did and found no change except a slight dilatation of os-uteri ; went to dinner and on returning two hours later, found on examination os relaxed and dilated completely; with the head engaged in the lesser basin of the pelvis. After waiting some time,and not being able to bring about contraction strong enough to expel the child, and the convulsions getting constantly worse, I proceeded to deliver by means of the forceps and succeeded in bringing to the world a fine living boy, the convulsions gradually ceased, the woman rallied splendidly and in a few hours regained consciousness, which remained without any further convulsions. Unfortunately on the fourth day she was attacked by Puerperal fever, to which she succumbed as an easy prey.

On May 3d, at 1 o'clock P. M., was called to see Mrs. T., aged twenty-one, mother of one child about two years old. She has always enjoyed excellent health, never having had epilepsy or convulsions of any kind : is at present about six months advanced in pregnancy. Was attacked by convulsions about noon, and had sent for an old school doctor, who had prescribed for her without beneficial results : no known cause for difficulty except that she has been moving a few days since, and may have lifted more than was good for her. I also have a suspicion that she has taken something to procure an abortion, however she denies it : convulsions are violent, five or six succeeding each other with an unconscious interval of five or six minutes, each paroxysm lasting about ten minutes, then an interval of an hour during which she partly regained consciousness. Gave Belladonna, 3d, every fifteen minutes, also Hydrate chloral, five grains every hour.

Thursday 4th, no change except that convulsions are lighter while under the influence of chloral.

Friday 5th, no change.

Saturday 6th, same.

Sunday 7th, same, have exhausted all remedies indicated

without slightest benefit, and on consultation with three brother practitioners, two of whom oppose and one favor it; I, as a *dernier ressort*, the woman being entirely fagged out, and sinking rapidly, proceeded to the induction of premature labor which was completed on Monday morning the 8th, at 3 o'clock. After which she did not have another convulsion, and made a speedy recovery.

PUERPERAL FEVER.

BY G. C. PITZER, M. D., DETROIT, ILLS.

Case 1.—Mrs. O'B., age about 40, in fifth month of utero-gestation, was taken sick about the 25th of December, 1872. She had a periodical fever, which continued from day to day, up to the night of Jan. 2d, 1873, when all the symptoms grew worse, and her attending physician, Dr. C., a well-educated allopath, was sent for, the messenger relating to the Dr. what was about to take place (abortion). The Dr. refused to visit the patient, and I was called upon. I found Mrs. O'B in labor and flooding considerably. Upon further examination, found that she was aborting, one fœtus already having passed, and in a few minutes another was expelled. The placentas and membranes were removed without difficulty, and, with the exception of a considerable loss of blood, the patient was considered in good condition. I now left the patient, instructing the nurse to make due note of any symptoms of fever which might occur in the evening.

Jan. 3d, 10 P. M., was called in great haste, aud found Mrs. O'B writhing with pain, located in region of the uterus. She said the fever came on in the evening, as usual, and that "everything had stopped" (the lochia) about six hours previous to my arrival. She was undoubtedly feeling very badly;—chilly, weak, pulse small and frequent, about 130. The pain was almost intolerable. It was not intermittent like "after pains." I made her a prescription and went home, satisfied I had a bad case.

Jan. 4th. Patient about the same; fever to-night again, as usual; very thirsty.

Jan. 5th. Not quite so well. Pulse small, feeble and frequent; abdomen tympanitic; been vomiting; has had several dejections from the bowels.

Jan. 6th. Been growing worse since last night. Can detect effusion into peritoneum; considerable pain in uterine region, but not so acute; has a sharp pain in left side, located in pleura.

Jan. 7th. Still worse; can now detect effusion in left pleura, but the pain is not so acute here and is almost gone from abdomen, but the tympanitis remains. The case progressed at about this rate from day to day, effusion taking place in both pleura and, finally in the pericardium. She died on the 11th. Vomiting, or rather regurgitations, was the most troublesome symptom toward the end of the case.

Jan. 15th, 1873. I attended Mrs. W., in her first confinement. She was about 19 years of age, rather delicate constitution. She had enjoyed usual health up to the time of my being called to wait upon her, except that she was noticed to have had flushed face every evening for a week or more previous and drank more water than usual. She was in labor but a few hours, did finely, and I returned to my home without the least apprehension as to her condition. When night came, however, the same red cheeks were noticed, and there was a more decided fever, with tender and tympanitic abdomen. This patient grew worse very rapidly and died of puerperal fever in a few days.

Jan. 22d, 1873. I was called to Mrs. F., in her twelfth confinement. She had, some years previous, passed through several tedious, hard labors, but this time she got along quite well—was sick but a short time—and everything went off better than ever before. I had attended her several times. For a week or ten days previous to this last confinement, she had been troubled with a severe pain in her right side, with high fever every night. After confinement this pain and fever became intensified, every evening growing worse, and she died in a few days of puerperal fever, effusion taking place into peritoneum and pleura.

Jan. 29th, 1873. I was called to see Mrs. M. T., a lady of

about 40, bilious lymphatic temperament, good constitution. She was not pregnant. Youngest child about 6 years. She had lost her huband a few days previous, and as there was but little febrile movement manifest, I concluded that her apparent languor and dejected appearance were, in a great degree, referable to her family troubles. She was about the house, but did not pretend to take part in any work. Her tongue was broad and pale, pulse rather frequent but soft.

Jan. 30th. Patient has had a child, followed by slight febrile movement, and is complaining of pain in the bowels. She looked badly and now I concluded I must investigate this case more closely. I ascertained that she was taken sick about the fifth day of the menstrual period, and upon careful examination I found that the abdominal pain was located about the uterus. This lady resided in the same neighborhood where my second case of puerperal fever occurred, and she had handled the patient during her sickness and after her death.

Jan. 31st. I found my patient going down very fast. Pulse small and frequent; pupils dilated; abdomen tympanitic; erratic pains in different parts of the body; considerable thirst without the least desire for food. She grew worse from hour to hour; effusion taking place in peritoneum, had frequent dejections from bowels, vomiting, regurgitation, typhoid delirum, coma, and, finally, death, Feb. 2d.

There are a number of points connected with the history of these cases to which I invite particular attention.

1. For some time past, the people of this vicinity have been suffering from an epidemic influence which I denominate "Erysipelatous Fever." This epidemic is similar to that which prevailed in this country in 1841 and 1846. I learn that puerperal peritonitis prevailed in conjunction with this epidemic so uniformly as to show a pathological relationship between these two affections. Now if this relationship or identity can be established, it is clear to the mind of every sane man that puerperal fever is not a mere peritonitis—local disease, but the result of a peculiar process, the evidences of which we draw from the following considerations :—

(*a*) The mere coincidence of erysipelatous fever and puerperal fever prevailing in the same locality in 1841 and 1846, and again in 1873, is strong evidence of the oneness of these affections, and, further, that they are *epidemic* at the same time and in the same locality is evidence that they depend upon the same indentical poison.

(*b*) It is a well established fact that epidemic erysipelatous fever is a *constitutional* affection and that the local trouble is but one of the many symptoms which occur in about one-sixth of the cases.

2. It will be noticed that the first three cases reported had fever previous to confinement, clearly showing that there was a morbid process going on in the system, and, if we are allowed to judge from the sequel, we may infer that all these patients, respectively, had *erysipelatous fever* before confinement,and that labor acted as an additional force in reducing the strength of the patient, and determined the situation of the loeal affection in those, not only predisposed, but who were already sick.

3. That puerperal fever is not a local disease is evident from the following considerations: (*a*) The disease bears no proportion to the length of the labor, but is intimately associated with the constitution of the patient, and more especially with the epidemic influence with which she is surrounded. (*b*) The same pathological conditions are found in non-puerperal cases suffering from the same epidemic influences, as shown in my *fourth case.* It may be said that my fourth case was quite different from the first three, but if there was any difference in the pathology I was not able to see it. These four patients did not, respectively, have *exactly* the same spmptoms, for they were somewhat differently constituted, but they had many symptoms in common, such as erratic pains; frequent dejections from bowels; vomiting; effusion into the serous membranes; small, frequent pulse, and many other symptoms not necessary to mention.

A word in regard to the immediate cause of death in these cases. I am well satisfied that in all of the cases reported paralysis of the splanchnic nerve took place very early in the history

of each case. The effect of such paralysis is dilatation of the blood-vessels of the peritoneum; its whole vascular system is distended, and ready to pour out its white corpuscles as masses of pus. This condition is very readily determined by percussion and the state of the pulse, which is invariably frequent, small and labored. The vomiting, or regurgitation also indicates great trouble, if it does not positively point to the fact that fluid has been poured into the peritoneum, and multitudes of blood-vessels stopped up by white corpuscles, creating a kind of embolism.

As to the treatment in the above cases it was somewhat varied, the best counsel obtainable being called to some of them, but all therapeutic means seemed to be *nil.* From what I've been able to observe however, I am well convinced that massive doses of Quinine, at the commencement of the trouble, before paralysis of the splanchnic nerve has taken place, will be found more useful than all other means. But once this paralysis is discovered, in my opinion,—and I found it upon actual observation,—no human power can save the patient from death.

ERRATA.—This article, page 207, ninth line, for "child" read chill. Page 204, second line, for "be given" read to be given.

[The "Erysipelatous Fever" is an ignorant figment, and we commend to Dr. Pitzer the series of monographs– edited by Dr. Churchill, and published by the old Sydenham Society—entitled, *Diseases Peculiar to Women.*

That Dr. P. carried death to two of these unfortunate parturients is a solemn fact which he will do well to take to heart. That he was the vehicle of infection has not yet occurred to him, and he has evidently cultivated one sort of pathology at the expense of ætiology.

"Paralysis of the splanchnic nerve"—*which* is of no account—*is* a contribution at once original and unique; but that the "splanchnic nerve" can perform the function of the sympathetic, in the sphere of the circulation is—well, what is it? That Quinine in massive doses, *sine qua non* is a piece of information for which the profession will be duly grateful.

S. A. J.]

INFANTILE LEUCORRHŒA.—John Ellis, M. D., New York City says this is cured with the greatest rapidity and certainty by *Cannabis sativa,* 1st dilution.

PUERPERAL MELANCHOLIA.

BY ALEX. F. STOBBS, M. D., MECKLENBURGH, N. Y.

Mrs. B., æt. 33, of bilious temperament, with dark hair and eyes, was confined six months ago with her fourth child. Three months before this period she became the subject of idle gossip which worried her greatly. She was, however, safely delivered at full term. Soon after confinement, she became greatly depressed in spirits and suffered from hysterical attacks. She imagined that the whole world was against her: that she would become insane, and be sent to an asylum: she would sit and rock herself too and fro continually, crying and sobbing, feeling perfectly helpless, and satisfied that her condition was beyond the reach of medical skill. This state of affairs continued six months under "*regular*" treatment, when she was placed under my care. Her bowels were costive: the togue was furred; and there was tenderness on pressure over the dorsal and lumbar spine. She had been "unwell" once only since the birth, and that three months since. There were no other uterine symptoms. The secretion of milk was normal, and the child was at the breast.

I ordered the whole body to be sponged daily with tepid water, and brisk friction with a flesh-brush to be used over the spine. Also gave Ignatia, (10 gtts, of the tinc, to four ounces of water,) one teaspoonful before each meal. Frequent exercise in the open air was also advised. After two weeks of this treatment the only discernible improvement was in respect to the bowels which were more regular.

I now prescribed Cimicifuga r. θ., five drops three times daily. Rapid improvement now set in. The patient resumed control of her affairs, and said she felt as though a weight was being lifted from her. In two months she reported well, but needed still an occasional dose of Cimicifuga. It is now four months since I last prescribed for her.

[Melancholy, dejection, apprehensiveness, suspiciousness, are marked indications for *Cimicifuga* in such cases.—ED.]

PUERPERAL CONVULSIONS.

BY JOHN ELLIS, M. D., NEW YORK CITY.

Out of 16 cases which I have seen either alone or in consultation, only two have died, and both of them took chloroform by inhalation ; none of the rest took this remedy. Hyoscyamus is more frequently indicated than any other remedy. I have seen the 3d dilution relieve promptly after the tincture had been tried hours before without affording any relief. Nux vomica, Chamomilla, Belladonna, Pulsatilla and Ignatia, are the other remedies from which I have generally selected, and have usually used from the 1st to the 6th dilutions; sometimes the higher dilutions.

In the extremity of life in two cases : one a delicate nervous patient after confinement, and the other a plethoric young woman during labor, I rescued the patients from impending death by minute doses of the Sulphate of Morphine, estimated from the 30th to the 50th of a grain at a dose, given after every paroxysm of convulsions, and a few doses after they had ceased, not many.

In one of my cases, treated by the dilutions, the convulsions ceased 24 hours before the child was born, but the woman was not conscious during delivery, nor fully so for a day afterwards Have generally delivered by the forceps when labor was sufficiently advanced, and the symptoms were urgent. I think we can generally do much better than to use chloroform.

A WOMAN AS CITY PHYSICIAN.—The City Physician of Springfield, Mass., is a woman. It is said that she has not made a single blunder during her official career ; that she has attended 100 more patients than any of her predecessors in the same length of time, at $100 less expense ; and that, acting as nurse as well as doctor, her practice among the poor has been specially beneficial. If all this is true, we venture to say that she will be re-elected.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XI—CAPILLARY BRONCHITIS.

The ordinary bronchitis of childhood, which proved the subject of the tenth paper of this series, has a very strong tendency to extend downwards to the minute ramifications of the bronchial tubes, and the severity of the disease is very generally in precise proportion to the degree of this downward extension. It is true that Dr. James Copland, the author of the voluminous but not luminous Medical Dictionary, asserts that, "in children, and rarely in adults, cases occur in which the inflammatory action extends upwards to the trachea and larynx, occasioning all the symptoms of laryngitis in addition to those of bronchitis," but the great weight of evidence is in favor of the position that the inflammatory action extends downwards, and that this tendency to downward extension constitutes the great danger of the disease. The inflammation may attack the large and small bronchial tubes simultaneously, but such an occurrence is somewhat rare.

Capillary bronchitis, also sometimes called suffocative catarrh, is almost always preceded by inflammation of the larger bronchial tubes, and Bouchut, who has had much experience in the diseases of children, states that he has only seen three cases in which capillary bronchitis originated as a primary disease. In infancy the capillary bronchial tubes are very small, and when the larger proportion of them is inflamed, with large masses of the products of inflammation blocking up the way, it is with difficulty that the patient can breathe, especially as little children rarely expectorate when suffering from any inflammation of the respiratory organs.

Capillary bronchitis is not nearly so frequent as the milder and more manageable variety, but the proportion of cases varies very much. It seems to me to be on the increase, and that of late years the milder variety has a stronger tendency to assume the more dangerous capillary form.

Capillary bronchitis, then, is usually an extension of the inflammatory action from the larger and medium-sized bron-

chial tubes. though, as has been remarked, it may commence abruptly. The inflammation of the larger tubes may remain stationary for a time, and then move downward ; but, as a general rule, the symptoms march onward till suddenly a notable dyspnœa supervenes. This marks the onset of capillary bronchitis, as distinguished from inflammation of the larger and medium-sized bronchi. In this form of bronchitis the general symptoms are so much more marked than the local ones that the latter are overshadowed, and from their greater intensity they occupy much of the attention of the physician, and still more of the patient's friends.

The respiration is at first merely hurried, but it soon becomes positively difficult, and it evidently requires great muscular exertion. Often as many as sixty to seventy-five inspirations may be counted in a minute, and the pulse rises in proportion till after numbering say 160 to the minute, it becomes so frequent that it cannot be counted. Bouchut explains that this very rapid respiration is effected by means of strong contractions of the diaphragm, which cause the projection of the abdomen and the constriction of the base of the lung, and he adds the useful hint that by the inspiration of the nostrils the frequency of the respiration may be recognized—each movement of dilation corresponding with a respiratory effort. The cough, which at first hardly attracted attention, suddenly developes itself, and is frequent, short and dry, and is accompanied by a kind of kink or croupy sound, which seems to be the foundation for the idea that the larynx is involved. The patient, when old enough, complains of pain in the sternal region, and even infants seem to refer their discomforts to the same spot. The cough is at first dry, but after some days a scanty or abundant sputum is expectorated with difficulty—a yellowish, frothy mucus, with fragments of a tough matter composed of lymph holding epithelial cells in its meshes. Sometimes percussion yields no result ; but as a general rule, it is normal in the first stages, but dull, especially in the sternal region, further on. If marked dullness should supervene, it would be an indication that the parenchyma of the lungs is being involved. Auscultation discovers sibilant râles, followed

by mucous and sub-crepitant râles all over the chest, and this wheezing is so distinct that it can be heard at a considerable distance from the sufferer. The restlessness and irritability are more marked than in simple bronchitis, and the fever is more considerable, with full, frequent pulse, and morning remissions and evening exacerbations. The heat is intermingled with occasional slight chills and the face is hot and flushed. The tongue is white and moist, and the appetite is absent, while the thirst is considerable and often great.

If the child should still be at the breast, it now nurses with great difficulty, and is often forced to relinquish on account of the pressing dyspnœa, and even in much older children, deglutition interferes a good deal with respiration. "In infants the epigastrium and right hypochondrium become, occasionally, tumid, tense and tender upon pressure; the discharges from the bowels are, generally, small in quantity, and whitish or clay-colored at first, but subsequently containing a large amount of light green or dark-colored bile. In some cases, the evacuations from the bowels became thin and muddy, or reddish, and contain more or less mucous flocculi; the abdomen, at the same time, being greatly swollen and tympanitic. This complication is evidently the result of gastro-enteric inflammation, attended with an engorged and torpid state of the liver. It is to this form of bronchitis that the term *catarrhal fever* has been generally applied."—*(Condie.)*

Should the disease advance unfavorably, the constitutional symptoms assume a more threatening aspect. The fever increases, and at times profuse perspiration appears, while the pulse is very weak and rapid, and towards the end, irregular. Soon the face becomes pale, and the hands cool and livid, while the feet and legs are also cold. The nursing infant sbandons the breast altogether, and older children cannot be coaxed to eat. At the same time the local symptoms advance, sometimes with frightful rapidity. The paroxysms of cough are more frequent and exhausting, and the mucous râles increase in loudness as the mucus in the chest increases in quantity, till at length the obstruction to respiration induces carbonic acid poisoning of the blood, with its well-known

coma and stupor, with which delirium sometimes alternates. Towards the close, intermissions often occur in the respiration, and this is looked upon as being an unfavorable sign. "In some cases, in young patients in whom bronchitis is idiopathic, and not engrafted on any other disease of the chest, in whom the disorder has not appeared severe, extreme difficulty of breathing will sometimes most unexpectedly arise, and rapidly terminate in the extinction of life. This is attributed to the permanent obstruction or plugging up of one of the bronchi. The slightest attack of bronchitis may, in this way, be suddenly transformed into a most serious and quickly fatal malady."—*(Sir Thomas Watson.)*

In some protracted cases there may be a general remission of all the pressing symptoms, and the patients—and the physician too—may flatter themselves that the issue will be fortunate, but soon the dyspnœa augments, the face grows pale and cool, the pulse threadlike and all but imperceptible, the hands and feet become cold, and a comotose condition ushers in death.

When the patient is about to recover, the fever declines, the dyspnœa decreases, the cough becomes looser and less frequent and the appetite returns. It will be noted that apparently almost from habit, the patient coughs for a long time after all danger has passed away.

Capillary bronchitis is at times a very severe disease, and I have known of young infants in whom the fatal termination took place twenty-four hours after the onset of the severe dyspnœa. In children at the breast it usually lasts from three days to a week, and in older children say from one to two weeks.

It is a curious fact that sometimes after death from capillary bronchitis the capillary bronchial tubes do not exhibit pathological changes sufficient to account for the fatal issue, for the mucous membrane is exceedingly delicate, with but little submucous cellular tissue. Sometimes the mucous membrane of the capillary tubes is pale and almost normal, while the inflammatory lesions of the medium-sized tubes are very marked indeed. The principal alteration is reddening, and when the

inflammation has been intense, this is uniform or in large patches, but when the inflammation has been of a milder type, it is either arborescent or presents the appearance of a number of minute points, seated in the mucous membrane itself. The mucous membrane is at times rough and granular, or it may be thickened or softened. Almost invariably the bronchi are loaded with the fatal mucus or muco-pus—thick, tenacious and stringy, of a yellow or yellowish-white color, sometimes faintly tinged with blood. Dr. J. Lewis Smith points out that the pus acts as an irritant and causes inflammation, and the inflammation increases the quantity of pus.

Capillary bronchitis may be distinguished from simple bronchitis affecting the larger bronchi by the greater amount of fever, the rapid wheezing and difficult respiration, the frequent and difficult cough which attacks in paroxysms, and, when the disease is somewhat advanced, by the depression almost amounting to collapse marked by the livid features and the coldness of the extremities. Croup can hardly be confounded with capillary bronchitis if any use is made of the stethoscope and yet most disastrous mistakes have been made. Valleix has placed the matter in the clearest possible light. "In croup the dyspnœa is in more or less marked paroxysms; in capillary bronchitis there is continuous and intense dyspnœa. In croup there is whistling inspiration with labored respiration; in capillary bronchitis the inspiration is somewhat stertorous while the respiration is very short, rapid and panting. In croup the voice is almost gone; in capillary bronchitis the voice is not altered. In croup there is expectoration of false membrane in the form of a large tube, more frequently in shreds; in capillary bronchitis there is expectoration of ramifying false membrane, which is diseased when it does occur. In croup we hear on auscultation whistling or hissing respiration and a week respiratory murmur; in capillary bronchitis we have mucous and sonorous râles, often extending over a large part of the chest."

PROGNOSIS.

As to the prognosis, capillary bronchitis is one of the most serious diseases of childhood, especially if the patient should

be under one year. As a general rule, the younger the child, with the same intensity and extent of inflammation, the greater the danger. Even in what seems to be bronchitis of the medium bronchi, the prognosis should be somewhat guarded on account of the danger of extension to the capillary tubes, and if extension does not take place within five or six days, or if within that period the extension should cease, then the prognosis is favorable. The unfavorable signs are difficult and scanty expectoration with large accumulation of mucus and pus in the bronchial tubes, a rapidly increasing frequency of respiration and circulation, and an anxious suffering expression of the countenance. Convulsions followed by drowsiness, coldness and paleness of the face, coldness and lividity of the hands, diminution of the cough with great dyspnœa and intermissions in respiration are all unfavorable symptoms, and when all or most of them occur at once, death is very near.

TREATMENT.

Tartar emetic is unquestionably the great remedy for this dangerous form of bronchitis, and all who have used it carefully can endorse the recommendation of Dr. Hughes, "perfectly homœopathic to both the local and the general condition, I have almost invariably relied upon it single-handed, and have seen desperate cases recover under its use. Kreussler says that he has "found it very efficient in the last hours when the patients struggled hard." Bæhr remarks that "it is really the second stage of the catarrhal process which is adapted to the curative action of this drug," but my experience is that it should be given promptly and without delay, as soon as the disease is diagnosed. Aconite is the only remedy which can compare with it in value in this disease, and Aconite has almost always been given in the earlier stages of the malady.

This remedy then is indicated by severe spasmodic suffocacative cough, with wheezing respirations and marked dyspnœa; also by rattling cough which ends with vomiting of thick white mucus; also when the cough suddenly ceases, from weakness or from any other cause. The actions of the patient seem to show that it is suffering from oppression at the chest, and the mucous rhoncus, indicating a very copious accumulation of

mucus in the bronchial tubes, is one of the leading features of the case. This accumulated mucus forms a mechanical obstruction to respiration, and accordingly we have a group of symptoms of carbonic acid poisoning, more or less pronounced, great anxiety and agitation, pale and bloaten face, coma or delirium with coldness of the extremities. Profuse cool sweat not followed by relief, and a disposition to vomiting and diarrhœa would be additional indications. The cough is aggravated by speaking, by eating and by the recumbent posture.

This remedy seems to me to act best in 3rd or 4th trituration, though some writers, as Marcy and Meyhoffer, recommend it to be given much lower, even in emetic doses. Bæhr's idea is the true one, "it must not be given in too small doses nor large enough to produce emesis."

Mercurius solubilis is an excellent remedy for this form of bronchitis. The cough is dry, racking and violent, especially in the evening and until midnight, and is excited by a tickling or sensation of dryness in the chest, with expectoration of yellowish tenacious mucus, sometimes tinged with blood. Each paroxysm of cough is preceded by anxious oppression, and hoarseness and coryza are also present. Violent fever is also present with disposition to perspiration, without relief from it, the tongue is thickly coated, and the alternate chills and heat are succeeded by exhausting sweats. This remedy acts best in repeated doses of the 4th and 5th triturations, dry on the tongue.

Phosphorus is the principal remedy in bronchitis of any kind, when the inflammatory irritation threatens to attack the parenchyma of the lungs, and it is customary to administer it after the more acute symptoms have been subdued by Aconite. The cough is dry and hacking with burning and tickling in the air-passages and stitches in the chest. It is aggravated by speaking, laughing or drinking, and is followed by expectoration of stringy mucus of a saltish taste, or by expectoration of a bloody and frothy mucus. There is also painful sensitiveness of the larynx with hoarseness or complete aphonia. The respiration is loud and panting, indicative of

great oppression, and the pulse is hard and hurried or rapid and feeble. Phosphorus seems useful in almost any dilution, but the 6th to the 12th seem to be most successful.

In addition to these remedies all those mentioned in the last chapter may be used if indicated. Bæhr gives the following summary of their indications in Capillary Bronchitis:—"At the commencement of the attack, the symptoms generally point to *Aconite*, not, however, with such perfect regularity as to admit of Aconite being regarded as an invariable specific. *Belladonna* often competes with Aconite in this disease, in the further course of which, even in slight cases, the same remedies may be used that suit the case of adults. In the more dangerous forms *Mercurius* may generally deserve a preference at the outset; it is indicated if by nothing else than the thick, yellowish coating of the tongue, and the frequent alternations of chills, extreme heat and exhausting sweats. If the symptoms increase in intensity, *Spongia* is indicated; if there is a violent, dry, suffocating cough, *Hepar*; if the cough sounds loose, and there are mucous râles but no expectoration, *Ipecacuanha*; for excessive secretion of mucus, with severe dyspnœa and convulsive phenomena, *Tartarus stibiatus* may be required, but it will seldom act with as much benefit as Ipecacuanha."

APHORISMS.

1. Capillary bronchitis is an inflammation of the minute bronchial tubes, generally an extension of the morbid process from the larger tubes, rarely a primary disease.

2. The sudden appearance of severe dyspnœa is the leading diagnostic.

3. Intermitting respiration is a very unfavorable sign.

4. Other things being equal, the younger the child the greater the danger.

5. Tartar emetic is the grand remedy for capillary bronchitis, and it should be used as soon as the capillary tubes become the seat of the inflammatory irritation.

T. N.

Colleges, Societies, etc.

HOMŒOPATHY BEFORE THE LEGISLATURE OF MICHIGAN

This question came up on special order in the Senate March 4, 1873, three bills being on the order. The bill first under discussion was Senate bill No. 73, introduced by Senator Dewey. It provides for two homœopathic professors in the University, one a professor of theory and practice, and the other of materia medica.

Senator Ely of Gratiot opened the debate by reading a written argument, in which he advocated the passage of the bill for the following reasons:

(1). Because it is right and unmistakably demanded by the people, and what is asked for by the people should be taught them.

(2). The Medical Department was created not for the benefit of a favored class, but for the benefit of all. The department has ample facilities for instructing in every branch pertaining to medicine and the branches collateral thereto.

(3). The prestige which the University confers upon the profession rightly belongs to the branch now claiming admission, because it has arisen to the dignity of a system which finds large favor with all classes of people in our State and Nation.

(4). The bill should pass because the statutes of the State make the practitioners of either school alike amenable for malpractice.

(5). In conferring the grant of lands upon which the University was founded, the National Government wisely provided that the institution should forever remain under the control of the Legislature of the State, thus keeping near the people and impressing it with the enlightened and liberal sentiment of the age.

(6). It will confer a positive good upon the University at large.

(7). It is time that this puerile opposition to a clear act of even-handed justice should be stopped.

Senator Ely then considered the objections to the bill, and closed with an appeal for its passage.

Senator DeLand said he supposed the subject was up to-day for a free fight, and while he could not say positively that he should not vote for this bill in the end, yet he could see reasons why this bill should not be substituted for either of the other bills on the same subject. He entirely agreed with the gentleman last up on the exclusiveness of Michigan University in its Medical Department. But he did not think this could be remedied by the means proposed in this bill. The two schools of medicine were radically different in their ideas and modes of practice, and could not well agree together. The school now in possession of the University was the most radical, most overbearing, most sneering and inexpressibly mean in the assertion of its dogmas of any educated body of men in existence. He did not believe that this school would harmonize, in its action, with the new professors admitted. Its whole teaching would be directed to disgracing and discrediting the methods taught by the two new professors. The provisions of the bill would not and could not be fairly and honestly carried out. The only way in which the homœopathic system could be fairly taught was by the establishment of an entirely separate institution, either in Ann Arbor or some other city.

Senator Childs, in order to obtain the opinion of the Senate, moved to amend by providing that the professors should be appointed either in the University "or in the Homœopathic Medical College in Detroit."

Senator Dewey, the introducer of the, bill hoped the amendment would not be tacked to this bill. He and other friends of the bill favored the teaching of the homœopathic system in the University. The people of the whole State pay for the support of the University, and everything ought to be taught there that the people want to learn. He was not a believer in the homœopathic school of practice. He would not employ one of its physicians nor take the medicine they gave. But he advocated this measure as an act of justice to the large proportiou of people in the State who did believe in it. It was said that the professors now in the Medical Department would resign if these homœopathic professors were appointed. What of it? If we have three or four professors who stand up in the University and say to the 260,000 men of the State, "we will tax you, but we will not obey the laws that you make, nor remain here with the men you choose to send here," then the sooner they leave the State the better. Why are they so sensitive? If they believe that the present system is the true one, why be afraid to test it in comparison with any other

system? He did not think these professors were as narrow-minded or timid as they were represented.

Senator Childs said he offered the amendment in no hostitity to homœopathy. He used that system in his own family. But there were three different bills before the Senate. The homœopathists themselves were not united, and it was difficult to tell what majority of them even desired. On this account he desired to leave the question somewhat to the Board of Regents. He then gave some reasons why, for his own part, he preferred that the professors should be supported in the College in Detroit, and not introduced into the University. Doctors were educated, positive men, and the different schools of medicine were so diverse that trying to teach them all together would only lead to confusion and discord. The number of students is now perhaps large enough. The homœopathists themselves are not agreed in asking the measure contemplated, and it would make no great saving of money. For these reasons he was earnestly opposed to the passage of the bill in its present shape. He would much perfer the passage of Senate bill No. 74, providing for the establishment of a separate school outside of Washtenaw county.

Senator DeLand reminded the Senate that the Regents had long had opportunities to decide the matter, and he questioned either their judgmemt or their honesty. They had beeg rebels against legislative action since 1865, and they would still be if they were instructed in such mandatory terms to strike down opposition. He protested against the outrage of being taxed to support the University so long as it was managed as the Regents had managed it in this respect. He would not lay an impediment in the way of the progress of the institution, but he believed it should be catholic. When its medical school had been opened to the homœopathists, that department would be made what the other departments already are—the best in the country.

Senators Childs and Dewey, again occupied the floor, reiterating or explaining and further enforcing their views. While Senatar Childs was speaking he alluded to certain advantages which he thought existed in Detroit over those of any other place. While on this subject he introduced a statement by saying: "I come now to matters about which I don't know anything, and may make a foolish display of myself."

Senator Brewer—Just as it was when you tried to quote Scripture yesterday." (Laughter.) [Senator Childs is a Sunday-school superintendent, but yesterday misquoted St. Paul to the delight of some of the chief sinners in the Senate.]

Senator Crosby spoke briefly in favor of the bill without the amendment, and Senator Childs again explained his views. The amendment was then put, but *received only one vote, that of Senator Childs.*

Senator DeLand then moved that the committee report back to the Senate, with the recommendation that it pass, Senate bill No. 64, introduced by himself. This provides for establishment of a separate college at East Saginaw, provided that city will furnish a site and $10,000 for putting up a building. Senator DeLand explained his bill, and insisted that he had so little confidence in the majority of the Regents that he would not leave the selection of a site to them. He claimed that Saginaw was one of the best places in the State for the establishment of a medical school, and for instruction in hospital practice.

Senator Sparks moved to amend Senate bill No. 64, by striking out East Saginaw and inserting Lansing, in the line referring to the location of the proposed college. He supported his motion in a few humorous remarks. He stated, however, that he should vote against the bill even if amended. If he voted for any of the bills proposed it should be for No. 73, putting the professors in the University. He afterward withdrew his amendment. Senator Emerson moved an amendment, which was accepted, that the bill 64 be reported back without recommendation.

Pending the question on Senator DeLand's motion, Senator McGowan, who is a Regent of the University, attempted to meet the charges which had been brought against him and his colleagues in the progress of the discussion, and said that it was his firm belief that any legislation here, indicating the wish of the people, would be conscientiously carried out by the Board. Speaking as a Senator, he did not believe that the people should be taxed to teach every man and woman everything. He did not think that it would be claimed that Presbyterianism and Catholicism should be taught at the public expense. He thought it dangerous for any common school to teach any pathy or ology. If any special creed or theory is now taught, it would not help the matter by teaching others. In the present medical school at Ann Arbor, general principles are taught, but no particular pathy. There should be no peculiar school of medicine. But people say, "you teach allopathy at the University and you ought to teach homœopathy also." This is equivalent to saying because you have one wrong you ought to have another and another. For his part he would rather vote one party out than to vote another party in, and this it would come to at last. The

dogmatism of medical men was so intense that two different systems could not exist well together. He would have taught in the University only those things that are common to all systems of medicine.

Committee on University and Normal School, reported upon petitions for the establishment of a homœopathic Medical College in Detroit, adversely, as other bills for similar objects are now pending before the Senate.

The debate ended for the day after 6.30, and the three bills Nos. 63, 73 and 74 were reported back to the Senate without recommendation, one of them not having been discussed at all. When the committee rose, Senator McGowan asked that the bills be tabled until the bill for establishing a department of eclecticism in the University, and the bill for removing the present medical department from Ann Arbor, could be considered, but the motion was lost, and the homœopathic bills went on the order for third reading.

In the Senate March 6th, the homœopathic bills came up on the order of third reading. Senate bill No. 64, providing for a homœopathic college at East Saginaw was, by general consent, laid on the table. Senate bill No. 73, providing for the appointment of two homœopathic professors in the University, was next taken up. Senator Childs argued that in the consideration of this question we ought to have some regard to the large number of petitions that had been presented. All of the petitions that had come in except one were in favor of a homœopathic school outside of the University. If we pass an act we ought to put it in such shape as to be effective. We have had on the statute books of the State for 18 years a law requiring the Regents to appoint one homœopathic professor in the University, and yet they had not done it. Would the matter be improved by ordering them to put in two instead of one? The cost of an outside institution would not be great. The Medical Department at Ann Arbor costs only about $6,000 a year. It is nearly self-supporting and so would a homœopathic school outside be. Besides the mixing of two schools of medicine at the University would injure that institution and would not be satisfactory to the students or friends of either school.

Mr. Emerson said no man in Michigan rejoiced more in the position of the University than himself. He would do nothing to detract from its usefulness or its position. It is said that the homœopaths are not united. Whence comes their division? For 18 years a law has stood on the statute books, which the Regents have refused to obey, and its this refusal that has divided the friends of homœopathy.

Senator Emerson continued, averring his belief that the passage of the bill would crown the glories of the University, itself the crowning glory of the State. The action of the Regents for the past 18 years had been in defiance of the law, inasmuch for that length of time a law had been upon the statute books, requiring them to maintain a homœopathic chair in the Medical College. The four men who signed the only petition that had been introduced for establishing the school at Ann Arbor, are the representatives of the State Homœopathic Society. Upon the petition asking for the establishment of the school elsewhere than in Ann Arbor, there are the names of men who have been dead for two years, and the names of others who care nothing for their profession. The people of the State are not in favor of creating a separate institution which shall come biennially to Lansing to ask for aid, and the Regents themselves long ago abandoned the plan of establishing branches of the University in different parts of the State. The Supreme Court has given a decision supporting the management of the University in keeping homeopathy excluded, but the court was equally divided, and those judges who dissented from this decision, were the two who were not professors in that institution. As for doctors' prejudices, there ought to be no legislation encouraging them, for with them the Legislature has nothing to do. The Senate does not know what there *is* in this prejudice of the allopathists against the homeopathic idea, that it need injure the University to introduce the latter theory among its teachings. And no matter what there is in the prejudice, it cannot stand against public opinion. As for admitting the eclectic, there is no use in it. They choose from the two other schools, and if the other two are represented, they have all they need. Nevertheless, if there is popular demand that they should be represented, they should be.

As soon as Senator Emerson had ceased, the vote was taken, and stood as follows, the bill being carried by a large majority :

Yeas—Messrs. Anderson, Beattie, Butterfield, Crosby, Curry, DeLand, Dewey, Ely, Emerson, Goodell, Isham, King, Mellen Mitchell, Neasmith, Prutzman, Sparks, Stoddard, Sumner, Sutton, Wells, Wheeler, Wilber.—23

Nays—Messrs. Childs, Gray, Hinds, Mickley, Richardson.--5

Senators DeLand and Crosby, both of whom had homeopathic bills, heretofore described, caused them to be tabled, thus leaving nothing to conflict with that of Senator Dewey in its progress hereafter, but leaving two "contingent remain-

ders" to rise like hydra heads to take its place, should it be defeated in the House.

THE BILL FOR HOMŒOPATHIC PROFESSORS.

In the debate on the homœopathic bill, in the Senate, Senator Emerson said that "upon the petition asking for the establishment of the school elsewhere than in Ann Arbor there are the names of men who have been dead two years, and the names of others who care nothing for their profession." I wish to say that the first part of this statement is not true. The petitions were sent out and returned to the writer with the signatures in the signers' own handwriting, with the exception of Dr. C. J. Hempel, of Grand Rapids, which was made by authority. In regard to the last part of the statement the signers of that petition will not yield an iota in the love of their profession, or in qualification for its duties, to either of the *four* persons who signed the petition for the bill then under discussion, and who are claimed to be "the Representatives of the State Homœopathic Society," of which the writer of this has the somewhat doubtful honor of being Vice-President. We have nothing to say against the members of that society as professional gentlemen. It comprises about 1/15th or at most 1/10th, of the homœopathic physicians of the State, and when it is assumed that any four of its members contain in themselves the whole or the larger part of the qualifications that constitute the true physician, it is not only unjust, but like the other part of the Senator's statement before alluded to, is a mistaken statement; so too Senator McGowan's statement that "in the present medical school at Ann Arbor general principles are taught, and no particular 'pathy.'" is, in my opinion, both untrue and ridiculous.

Allow me to say a few words in regard to this bill establishing *two* professorships of homœopathy in the University. It is well known that for the last 18 years there has been in existence a law establishing *one* professor of homœopathy in the University, and that no amount of pleading or force has been sufficient to induce the Regents to comply with its provisions. The true friends of homœopathy would like to be informed by what process the Regents are to be induced or compelled to comply with the provisions of this new bill. Until such information is given the passage of a bill establishing *two* professors seems absurd and a farce. Our Supreme Court has thus far refused to compel them to appoint *one* professor, will the court be any more inclined to issue its mandamus to compel them to appoint *two?* But it is said the

other law was simply *provisory*, while the present bill, if it becomes a law, is *mandatory*. This will make no difference. The Regents claim that the government of the University is placed by the State constitution in the Board of Regents, and hence establishing new professorships is a matter that the Legislature has no control over and nothing to do with. Hence a mandatory law will have no more executive force in itself than a provisory one. Whether this claim is correct or not our Supreme Court has failed to decide; and should its judges be changed or increased, we should be no more likely to get a decision for us than against us. Why then sacrifice our interests any longer?

The Regents have signified their willingness to establish a separate medical department, when authorized by law to do so. A heavy tax has been imposed upon the patrons of homœopathy in this State, for the benefit of the University, and they are now to be put off with a law that the Regents will not comply with, and we have every reason to believe, judging from the past, that we cannot compel them. At least four-fifths of the homœopathic physicians of the State are in favor of a separate medical department; and a petition with 130 names of physicians attached is sent into the Senate, which that body totally disregards, and passes a bill petitioned for by four physicians: one that is doubly objectionable, to the Regents, to the one they have refused to obey for the last 18 years, and which the Supreme Court has refused to compel them to obey. Could a greater farce be enacted or absurdity be more absurd?

Could the bill when it becomes a law be executed, we would be satisfied with it. But it is patent to every one not wilfully blind that it will not be. Then why pass it? A large majority of the homœopathic physicians of the State think the true interests of our profession would be best secured by a separate medical department. For this reason, among others, that in the University at Ann Arbor, with two or more homœopathic professors the students would learn two conflicting systems of practice. Hence, when he came to the bedside, confusion and indecision would be very apt to injure his success, and make him at best a mongrel. Yet the friends of this resulting mongrel system claim to be pure homœopathists par excellence! Let us have a law authorizing the Regents to establish a separate medical department of the University with a liberal appropriation, such an one as the friends of the homœopathy from their numbers are entitled to, and the homœopathic physicians and their patrons will see to it that it becomes an honor to the State and the University.

Give us the bill first passed by the Senate, and it will remain a dead letter upon the statute books for the next 18 years, as the one like it has done for the last 18 years. This, friends of homœopathy in the Legislature, is the feast you bring us and bid us partake of to satisfy our longings for justice during the last 18 years. We ask you for something practical; you give us something that is impracticable. We ask you for something that can be executed; you give us something that cannot be executed. When Senator McGowan makes his statements that the Regents will be disposed to carry out any legislation on this subject does he speak by authority for the board, or only as an individual member of the board? Unless there are reliable assurances that the provisions of the bill will be complied with, we again state that its passage is a ridiculous farce, and an indefinite postponement of the homœopathic interests.

Detroit, March 13, 1873. E. H. DRAKE, M. D.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

THE FOURTEENTH ANNUAL COMMENCEMENT EXERCISES.

Nearly a thousand persons assembled in the main hall of the Polytechnic Building, March 3d, as listeners to the exercises and transactions incident to the Fourteenth Annual Commencement of the Homeopathic Medical College of Missouri.

Alderman H. C. Yeager, as one of the members of the Board of Trustees, presided over the meeting.

The Right Rev. C. F. Robertson, Bishop of the Episcopal Diocese of Missouri, made the invocation prayer.

CLASS VALEDICTORY.

Mr. H. A. Barlow, a graduate, made the following valedictory address:

Worthy Professors: I appear before you in behalf of my class-mates, who require from me a most respectful acknowledgement and a few words of sincere thanks. To you we are indebted for the glory of this eventful occasion. You who have striven so patiently and so thoroughly to inculcate in our minds the great and beautiful science of homeopathy. We will ever with grateful hearts appreciate and remember you as the sowers of the seed. When you have assembled again in the dear old college halls, we shall be absent; some of us in distant climes, never, perhaps, to meet again. But such is life—ever changing. The time is fast approaching for us, as a class, to be disbanded—to bid you, as students, a long farewell. We beg leave to repeat our thanks for the kindness you have manifested toward us, and to conclude by reciprocating our good wishes to the Homeopathic Medical College of Missouri.

And you, fellow class-mates, I cannot frame words of sufficient import to express my feelings toward you. You who have assembled for the last time as a band of brothers, under the guiding care and kind advice of our most worthy professors. We are now about to enter the great theatre of life—to turn from the past to the future, glittering with all the gorgeous

colors which our vivid imagination can throw over it. We have the wide world spread out before us, offering a boundless field for true ability. Yes, we have, as those who have gone before us, within our reach wealth, honor and renown. Henceforth, under the guiding care of Providence, we must take our earthly destinies within our own hands—to assume the responsibilities of men—by ourselves alone to stand or fall. This night is the turning point of our fate, the die is being cast on which everything dear to our hopes depend. All inexperienced as we are, the pregnant moment has arrived when our manhood is to be assayed and proved. The Rubicon of life is before us; once for all a line of conduct has to be adopted, and the corner-stone of character and reputation laid. In a few hours *as a class*, a band of brothers we will, not be known; we part, and the place that now knows us "will know us no more forever." Tidings will reach us in a few years, perhaps a few months, ah! *and it may be only a few days*, that some one in our number—and he may be that one sitting there, now bouyant with fond anticipations—has gone, in the bloom of his youth and the life-spring of his hope. We may shed a tear over his early fall; but ere that tear be dry we may hear of another, and another, and thus our little band will be broken up. May this solemn thought teach you so to survey the brief space of your pilgrimage that you may fix your affections upon that eternal life which outlives and outshines all earthly distinctions.

CHEMISTRY AND SURGERY.

Dr. E. L. Hillis, of Iowa, was so successful in his studies as to merit the wo prizes of the College—namely, the one for chemistry and the other for surgery. The first was presented by Professor P. G. Valentine, M. D. the Demonstrator of Anatomy, and the second by George M. Stewart A. M., Professor of Medical Jurisprudence.

Prof. Valentine's address was as follows:

Sir: The pleasurable task of presenting to you on this interesting occasion the Chemistry Prize Medal of the present graduating class has fallen to me, and in so doing I am moved by the emotions of profound satisfaction. In order to achieve a brilliant and commanding career in our noble profession—one of the grand triumvirate of the learned professions—one must not only be learned in letters, but also learned in science. In scientific pursuits, as they appertain to the development and study of medicine, none stands more prominent than the science of chemistry. By the operation of its laws are unlocked the store-houses of nature, and the labyrinths of knowledge explored.

It is in tnis most important branch that you have attained to distinction, and for this distinction, you are awarded this beautiful silver medal.

It is in testimony of our appreciation of your superior merit, and in recognition of your distinguished talent, that in an excellent class of talented young gentlemen, you have carried off this valuable prize. Take it, preserve it, cherish it, as a talisman sheltering you from all evil, and let its beautiful and classic motto, "*nun quam non paratus*," never unprepared, be emblazoned on your banner, and be flung aloft enlightening the world. Sunny skies attend your perilous voyage, and may the proudest and brightest moments of your future be the recollection of this happy hour, and the impressive ceremonies that have made it one long to be remembered.

Dr. Hillis replied, as follows:

Professor Valentine: Sir—In thanking you for this beautiful medal and for the kind wishes for my success and usefulness by which it is

accompanied, allow me sir, to give expression to the heart felt gratitude and respect which I entertain for yourself and colleagues, the entire Faculty of the Homeopathic College of Missouri, for the earnest and never-tiring efforts which have been put forth by you and them for the improvement of myself and the whole class, during the session which has just closed. We now go forth well armed and equipped by the instructions to which we have listened for the past four or five months, and I think I am re-echoing the thought of the entire class in saying, that the memories of this winter will ever be an oasis, beautiful bright and green, back upon which we will always look with pleasure and delight. Allow me, sir, again to thank you.

GRADUATES.

David E. Smalley.	T. J. Dean.	H. A. Barlow.	E. L. Hillis.
F. F. Knox.	Wm. E. Starr.	Lester E. Cross.	G. M. Nippert.
T. Henry Davis.	L. N. Howard.		

THE FACULTY VALEDICTORY.

Dr. E. C. Franklin, M. D., Professor of Surgery and the Dean of the Faculty, made the Valedictory address on the part of the College faculty. His remarks were lengthy but entertaining. The listeners were "like one who wanders through a pasture filled with the most fragrant and richly variegated flowers, and unable to select the most beautiful" or attractive ones.

He said that reason tells that experience and observation were man's first guide toward the acquisition of knowledge, and subsequently by continued observation and memory the foundations of medicine were laid step by step. Instinct of self-preservation was the beginning of medicine as the art of healing. Its early and recent history is like a picture of rival and contentious factions, each dominating by turns, and neither acquiring permanent power. In one case

"Four Doctors tackled Johnny Smith,
They blistered and they bled him;
With squills and anti-bilious pills,
And ipecac they fed him.
They stirred him up with calomel,
And tried to move his liver;
But all in vain—his little soul
Was wafted o'er the river."

The early theories consisted in the efficicacy of charms and amulets for the cure of disease. In the present age of refinement and culture is seen superstition feeding, like a cancer, upon the rich stores of knowledge garnered within the human mind.

Some classes of physicians seem to construct the edifice of medicine upon the basis of the phenomena of disease, and not upon the action of drugs on the healthy organism. Homœopathy has steadily progressed from year to year, until now less than a century old, it challenges its ancient rival for popular favor, and has already won the respect and confidence of the thinking world. Within the last twenty years its position and influence have largely increased; it colleges, asylums, hospitals, and dispensaries are scattered all over the land, and its practitioners in every town throughout the civilized world, and its statistics speak trumpet-tongued success.

It will continue to progress and demand its just rights in the army, navy, and in all hospitals dependent upon the people's money. In St. Louis nearly one-half the public revenues are paid by the patrons of

homœopathy, yet it (the system) is persistently excluded from the public hospitals and asylums. All that is asked is for the "prevailing" school to give homœopathy the same privileges as the other school have in the wards of the public institutions.

St. Louis has taken the first step to break down the party lines dividing the schools of medicine by the Board of Health admitting some homœopathists into the City Hospital to give clinical lectures and object lessons. The doors of all the public charities should be opened to the schools of medicine.

He claimed that the science of medicine had progressed equally with other sciences and arts.

In directly addressing the graduating class, he exhorted them to make continued and well-directed exertions towards greater proficiency, to observe the constant operations of the laws of being, and not to perscribe for symptoms alone, but acquire a knowledge of every division of the case.

Bishop Robertson pronounced the benediction.

Postlewait's band interluded music during the evening.

PULTE MEDICAL COLLEGE.

The exercises of the first commencement of the Pulte Medical College took place at Brock's Hall, at the corner of Mound and Barr streets, Cincinati O., Feb. 13, 1873, in the presence of a large gathering of ladies and gentlemen, the friends of the graduates, supporters of the institution and followers of Hahnemann, generally. The ordinary exercises of medical commencements were most acceptably varied by the musical performances of Madam Rive and several of her pupils, who rendered in excellent style choice vocal and instrumental selections from the most popular operas. The programme observed was as follows :

Prayer By Rev. H. D. Moore ; address by Elder Isaac Errett ; conferring degrees, by the President, Hon. Bellamy Storer ; Commencement Exercises—Hahnemann Society : address of under-graduates, by Charles S. Williams, address of graduates, by Henry F. Baker ; conferring degrees upon members of the Hahnemann Society, (the graduating students) by Prof. M. H. Slosson ; benediction.

GRADUATES.

J. H. Lucas, Ohio.	R. Dorsey Poole, Ohio.	H. G. Linn, Ohio.
E. H. Price, Tennessee.	Geo. C. Garretson, Ohio.	L. Judson Hunt, Ohio.
W. E. Green, Ohio.	H. F. Baker, Ohio.	G. D. Jenney, Ohio.
	T. J. Williamson, Ohio.	

[*Further account of this commencement we are obliged to reserve until next number.*]

Reporting Unfavorable Cases.—Dr. W. H. Sanders writes : "Without the hope of reward, but for the good of the profession at large, will report the first clinical case resulting *unfavorably* in my practice, for I notice the cases generally reported and indeed, almost always, *are* cases making happy recoveries, and the inference is that homœopaths who

desire to figure conspicuously before the medical profession, never lose a case, and in our practice the Fountain of Life has been found, while according to my practical observation we *all do* lose a patient now and then, though I positively believe we are more successful in this, by a large per cent. than the practice of any other school."

In another part of the present number we publish reports of several cases by Dr. Pitzer. Whatever may be the opinion of the profession as to the treatment pursued, all must admire the courage of the physician who dares to report his failures knowing that it is an invitation to the critics to display their powers.

CONFLICT OF LAWS.—*Librarian of Congress and Postmaster General at variance.* The Librarian of Congress decides that "*The American Observer is a book*" and each number must be paid for as a book to secure a copyright. The Postmaster at Detroit decides that this journal is *not a book* and not entitled to the benefit of the provision which entitles authors and publishers of books to send and receive Mss. and proofs at pamphlet postage. We trust that when the Postal Laws are revised by Congress that such common-sense provisions will be made as will prevent such hair-splitting and variances. Why should not the authors and publishers of monthly journals be allowed the same privileges as authors and publishers of books ?

NEW REMEDIES.—Commendations respecting the third edition of this work are very satisfactory. In answer to enquiries we state about our offer to supply the book, together with the Observer for this year for $6.50 remains good until the first of May.

IMPROVEMENTS IN OBSERVER for this year are noticed by many readers and many encouraging words of commendation received, for which we are very grateful.

CLINICAL OBSERVATIONS.—A number of excellent practical articles are in type reserved for next number.

ILLUSTRATED SURGICAL ARTICLES are well liked and will be continued from month to month.

MATERIA MEDICA.—Some good papers may be expected next month.

BOOK NOTICES AND REVIEWS we have no space for, this month.

PERSONAL NOTICES, ETC., in May.

NOTICES OF COMMENCEMENTS NEW YORK AND PHILADELPHIA COLLEGES not received at date of going to press.

ERRATA.—Page 212, first line, for proved read *formed.* Page 215, second line, second paragraph, for patients read *parents.*

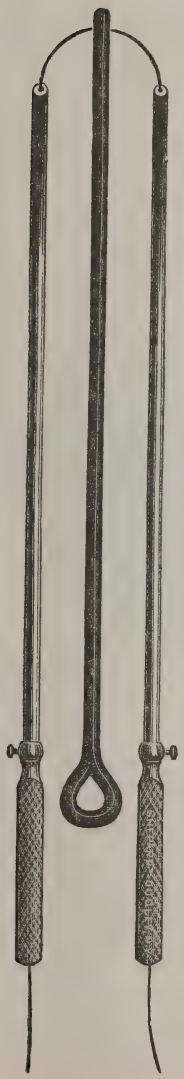


Fig. 16.

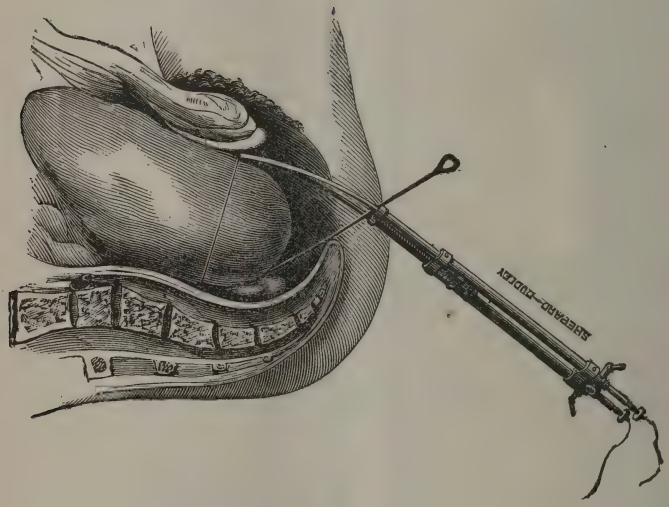


Fig. 17.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

CLINICAL NOTES ON THE ELECTRIC CAUTERY IN UTERINE SURGERY.

BY J. BYRNE, M. D.

Surgeon-in-chief to St. Mary's Hospital for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

CASE XVI.

LARGE FIBRO-CELLULAR POLYPUS OF THE CERVIX; FIRST NOTICED FIVE DAYS AFTER PARTURITION.

Mrs. M——, aged 28, was delivered of her third child April 6th, 1870. During gestation nothing occurred to excite her suspicions, and her general condition was in no way different from that observed in two previous pregnancies. In this third labor, which lasted but a few hours, she was attended by a midwife, and no difficulty occurred further than that the after-birth was slow to come away. Yet she was sure no undue traction had been made on the cord.

Three or four hours after delivery she was seized with very severe expulsive after-pains, which lasted for three days, then subsided, and her condition for the following two days was, on the whole, comfortable.

On the fifth day, being without a nurse, and having no one to care for her children, she ventured to get up and walk about; but no sooner had she done so than a large substance, which she thought was her womb, protruded from the vagina. She immediately returned to bed, and so remained until I was requested to see her, which was on the 14th (eight days after confinement.) During these three days there was a constant passive hemorrhage, and she appeared very weak and anæmic; but she complained of no pain, and the greater part of the tumor had retreated within the pelvic cavity soon after

assuming the recumbent position. In shape it was ovoid, or rather pyriform, about the size of a uterus at from three to four months' gestation, and of firm consistence, except at its lower surface, where it yielded readily to pressure from below upwards, but immediately recovered its convexity on the pressure being removed, thus giving a very distinct impression of its being hollow. Several abraded spots were observed on its sides and inferior surface, from which blood oozed, and the whole was of a deep flesh color.

Fig. 15.

In accordance with my advice, she was brought to St. Mary's Hospital April 16, 1870, when a careful examination was made with the hope of deciding as to whether this was really a case of inversion of the uterus or a polypus. On introducing two fingers within the vagina and making traction on the prolapsed mass with the other hand, it was found that there was no cervical rim, but, on the contrary, the vaginal surfaces and that of the tumor were continuous, except at one small spot anteriorly, which was depressed. Here an effort was made to introduce a probe or sound, but unavailing. By examination per rectum and pressure above the pubes, I failed to satisfy myself of the presence of a uterus above, and for the time being desisted from further efforts at diagnosis. At this juncture, the case being one of unusual interest, I requested Drs. Thomas, Noeggerath, and James L. Brown to see her with me. The same steps towards forming a diagnosis were again resorted to, and after repeated efforts Dr. Thomas managed to get a probe into the cavity of the uterus from the bottom of the little concavity in front, and thus all doubts as to the position of that organ and the character of the tumor were at an end. It is but proper to state, however, that before the cavity of the uterus was

---

NOTE.—Owing to a mistake on the part of the printer, a foot-note at page 181, which reads: "Two operations were resorted to in this case within the last month," etc., has been misplaced, and refers to case No. XI, on 183d page.

Also, by a typographical error, pp. 123, 124 the whole number of cases treated is put down in one place as 73 and again 70, whereas in each instance it ought to read 72.—J. B.

reached all present felt certain of having detected, by bimanual examination, a body which it did not seem possible could be any other than the uterus. Nevertheless, had every attempt to reach the cavity of the uterus failed, and no other evidence of its existence above been found than that afforded by the rectal and supra-pubic touch, the true nature the case must still have remained doubtful; because, supposing this to have been a case of inversion, it is very easy to imagine how a sub-peritoneal fibroid might have swung into the position vacated by the inverted uterus, and thus deceive the very best diagnostician.

Again, though, as Dr. Thomas observes,* the presence of a body in the uterine region may warrant a more or less forcible introduction of a probe when, owing to the agglutination of tissue by inflammatory action, the aperture may have become closed, it should not be forgotten that under such circumstances but a small amount of force would be needed to effect a passage into cellular tissue or elsewhere in this immediate neighborhood.

At all events, this case, if not unique, is so interesting and instructive that no apology is needed for occupying so much space with its history,

The operation for the removal of this polypus was also no less profitable than interesting, because, in addition to errors committed in operating, and, of course, carefully avoided ever after, all my subsequent experiments towards devising a more powerful and yet portable battery than had been generally used heretofore, were prompted by what was observed on this occasion. In the first place, though the battery employed was one of huge dimensions, the thickness of the wire which it was capable of heating was quite insufficient to thoroughly cauterize the tissues in its passage through the pedicle; secondly, I contracted the loop too rapidly; and lastly, to make the matter still worse, traction was made on the tumor, so that, like ripping a seam in cloth, while some of the fibres were cut, many were barely touched with the heated wire.

The consequence of all this was, that my patient narrowly escaped death from hemorrhage. One large artery had to be ligated, and the vagina was tamponed with oakum soaked in persulphate of iron.

On account of this latter objectionable application, of which I can conceive nothing more filthy and abominable under all circumstances as a uterine or vaginal styptic, the cut surface

* Diseases of Women, 3d edition, p. 412.

was slow to heal, yet the patient was discharged well within a month from the date of her admission.

She has since given birth to her fourth child, and is in the enjoyment of perfect health at present.

This case is suggestive of many pathological theories and speculations; but the limits of this paper will not permit me to say more than that I believe the formation of this polypus commenced in the cervical canal before or soon after conception; that its growth took an upward direction; and, as the development of the uterus was proportionately greater and more rapid than that of the tumor, there was thus ample room afforded for its safe accommodation during gestation.

CASE XVII.

AMPUTATION OF CERVIX UTERI FOR HYPERTROPHY AND PROCIDENTIA, RESULTING IN PERMANENT ELEVATION OF THE UTERUS.

Mrs.———, aged 35, has had five children, the youngest 3½ years, and one miscarriage about three years previous to my seeing her, which was on December 16th, 1870. Complained of severe and constant backache, bearing-down pains, leucorrhœa and vesical tenesmus. Menstruation regular, though somewhat painful, and occasionally in the intervals more or less muco-sanguineous discharge, especially after long standing or fatiguing exercise. On examination per vaginam, the uterus was found low down, immediately within the vulvar outlet, and the cervix much enlarged, irregular in form, and tender. Os tincæ sufficiently open to admit the point of finger, but not further dilatable on account of the swollen condition of surrounding tissues.

The vesical wall was dragged down to such a degree as to constitute cystocele when the patient stood erect. The finger, on being withdrawn, was covered with a sanious mucus. The speculum being now introduced, the appearance of the organ was such as might be expected, the cervix fully two and one-half inches in diameter, purplish-red, and lobulated. The sound passed to the extent of four inches, and in such a direction as to show some degree of anteversion with slight flexion; but by conjoined manipulation it was evident that the great depth of the uterus was due to the increased size of its cervix, and that there was little or no corporal hypertrophy.

After a few months treatment, consisting principally of warm vaginal douches, iodo-glycerine to cervix, a Hodge's pessary, etc., the uterus improved greatly, and she stopped

visiting the out-door department of the hospital for some time.

Jan. 4th, 1872, she applied again for advice, and stated that her former improvement did not continue long.

Her general physical condition was not much changed for the worse, and she had had several attacks of protracted menorrhagia since last seen. The depth of the uterus was four inches, and, except that the most gentle introduction of the sound caused hemorrhage from the cervical membrane, the parts presented an appearance very similar to that first observed.

She was advised to come into the hospital for operation, and did so on Feb. 2d, 1872, when it was decided to remove the whole cervix close to its vaginal insertion, by galvano-cautery, and subsequently, when the parts would heal, to take away portions of the anterior vaginal wall by Dr. J. C. Nott's clamp-ecraseur.

Operation.—By means of a small cautery-knife (G) a circular fissure was made around the base of the cervix so as to form a bed for the wire-loop. The latter was next adjusted and the part to be removed securely embraced, while *slight* traction was made by means of vulsellum. (See Fig. 10.)

The battery connection being now effected, the loop was *slowly* contracted, so as to occupy not less than eight or ten minutes in passing through, thereby avoiding hemorrhage. When the cervix was lifted out the stump was found to be deeply concave; and as there was no appearance of blood, neither tampon nor other dressing was applied.

During the three days subsequent to the operation, no special treatment was needed, as the patient felt no inconvenience whatever from what had been done.

About the fourth day—which I find is the rule in such cases—a copious discharge of healthy pus began to flow, and during the ensuing week the vagina was douched twice a day with tepid water and castile soap, and at a later period with a solution of sulphate of zinc and water (3i. to 0i.) An examination made on the 2d of March (four weeks after operation) showed the parts to be entirely healed, and the surface from which the cervix had been removed, *smooth* and covered with healthy membrane.

March 9th.—The patient was placed on the table, and anæsthetized previous to operating on the anterior wall, as above stated, my friend Dr. Nott and the members of the hospital staff being present, when, to the surprise of all, the following condition of things was observed: *There was no bulging of the vesico-vaginal septum, and the uterus was with difficulty reached*

by the finger, as if the vaginal canal had been stretched in an upward direction. The uterus was not alone elevated, but no reasonable amount of traction, by means of a vulsellum, could move it from its lofty position. No further operations being indicated she was soon after discharged cured.

This remarkable degree of fixation of the uterus, following amputation of its cervix by the electric cautery, is a clinical fact worth bearing in mind, especially as neither fever, pelvic or abdominal pain, nor, in fact, any other symptom indicative of inflammatory action, followed the operation. However, there cannot, I think, be a doubt but that it was due to some local inflammation of a subacute form in the areolar tissue and lymphatics of the broad ligaments, resulting in a tightening or abnormal inelasticity of the uterine supports.*

CASE XVIII.

INTRA-PELVIC FIBROID—THIRD OPERATION ON SAME PATIENT.

The young lady whose case has already been fully given (Case XIII,) having entirely recovered from the severe ordeal undergoing in August last, and having suffered much of late from vesical tenesmus, occasional retention of urine, and other distressing effects of pelvic impaction, was induced to submit to a third operation on first of the present month (December.) This consisted in the removal of all that part of the tumor within the lower pelvis, the presence of which was the cause of all the suffering now complained of. A large-sized hard rubber crochet-needle, rounded at the end, was heated and slightly bent so as to accomodate itself to the curve of the sacrum and posterior contour of the tumor.

A small hole was drilled transversely near its distal extremity, and at right angles with the direction of its curve, and through which a stout platina wire was passed half its length. The free ends of the wire were now passed through two copper tubes, each 3/16 of an inch in diameter, and eight inches long, and bent to nearly the same form as the rubber rod (Fig. 16.)

An anæsthetic having been administered, and the patient placed on her left side, the two tubes with the rubber rod between were carried behind the tumor and as far up as

---

* In procidentia, where amputation of the cervix is called for, would not the introduction of a cylinder speculum after operation, and its retention for eight or ten days, insure a permanent elevation of the uterus, and provide against relapse of other parts?

deemed safe.* The rubber support being now entrusted to an assistant, and maintained steadily in position, one of the copper tubes was carried around half the circumference of the tumor, the wire being pushed up, piece by piece, from below, and when the center anteriorly had been reached, was so held until the opposite half had been encircled in like manner. Two small pieces of wood, each one inch and a half in length, flat-oval, and having two holes running through longitudinally for the reception of the tumor and the excision of which at an earlier period did not seem warrantable on account of her weak condition.

The part now referred to may therefore be considered as the stump from which the large mass was taken on the former occasion. It does not seem to have increased in size during the last three months, though its presence has become more and more painfully felt of late. The upper two-thirds of the pelvic cavity was tightly packed, but the inferior portion towards the vaginal outlet was less crowded, principally on account of the globular form of the stump. The latter was perfectly smooth, and presented no appearance of having ever been an open granulating surface or being covered with cicatricial tissue.

In reflecting over the measures suggested to my mind for accomplishing its removal, either of two methods appeared practicable,—to repeat the operation first resorted to, by splitting the mass into two parts, and then looping either half; or to attempt its removal in one piece by a loop thrown around the whole circumference of the tumor.

On account of the great length of time occupied, however, not to speak of the almost insurmountable trouble and difficulties experienced on a former occasion, the first of these plans offered but little attraction; and though it seemed at first impossible to devise any means by which a smooth globular mass might be embraced by a wire noose, I decided to make the effort.

The method practised may be described as follows: copper conductors, were one after the other slipped up so as to unite, yet insulate the latter.

This being accomplished, the free ends of the platina wire were next passed through a modification of the loop instrument sa shown in Fig. 2, and the copper conductors firmly fastened in the socket. All being now in readiness, the battery connections

* Fearing that some abnormal position of the Douglas *cul-de-sac* might exist, the part selected for looping was some distance below the fornix vaginæ.

were made, when the heated wire cut through the rubber support and embedded itself in the substance of the tumor.*

The rubber rod was now withdrawn, and the loop *very slowly* contracted, the time occupied in cutting through the whole mass being fully thirty minutes, exclusive of necessary interruptions. There was no hemorrhage from the stump, but the vagina was tamponed as a precautionary measure.

Reaction after the operation was, in this instance also, quite satisfactory; and though her pulse for several days did not get below 110, she expressed herself as feeling very comfortable and free from abdominal pain or tenderness. The vaginal dressings were removed on the third day, and the parts well bathed with tepid soap and water; to which was added carbolic acid. Copious discharges of healthy pus now appeared, the vagina was douched several times a day, she enjoyed and retained her nourishment and stimulants, and everything progressed favorably up to the night of the 10th, nine and a half days after the operation. On that night the weather suddenly became intensely cold, and being nervously apprehensive that urine might accumulate in the bladder so as to require the use of a catheter, she persisted in getting out of bed a number of times to pass water.

At an early hour of the morning of the 11th, Dr. Schapps saw her, was told she had several chills, and recognized well-marked symptoms of incipient tetanus. This condition of things rapidly became worse, and though every means at our command was promptly applied and perseversed in, no amelioration of her spasms was effected thereby, and she died at four A. M., on the 14th.

Autopsy.—An incision was made from the ensiform cartilage to the symphysis pubis, and the integuments dissected from the latter preparatory to its removal. This being effected, a careful inspection of the abdominal and pelvic contents *in situ* was thus afforded. There was almost a total absence of adhesion, or any evidence of recent or remote peritoneal inflammation. The ovaries were small and shrivelled, but healthy, and the tubes, with their peritoneal attachments, were free and in other respects normal.

The utero-ovarian plexus of veins on right side was in a varicose condition, and one fully as large as the jugular issued from the outer circumference of this varix, and passed directly upward to a point opposite the gall-bladder, where it entered the ascending cava. The fundus uteri was cup-shaped, as if

* On account of the length of wire required to encircle the tumor, two batteries were connected and used until a part of the mass was cut through, after which one was found sufficient.

partially inverted; the bladder was healthy; and the peritoneal surfaces all over remarkably pale and free from lymph deposits. The anterior vaginal wall, of which the uterus seemed to be a continuation, was next slit up to within an inch and a half of the fundus, when the partial inversion referred to became still more manifest, and was exactly central, each tubal opening being the lateral boundary of the depressed part.

*The tumor was now found to be not interstitial, but connected to the uterus by two separate attachments: one, the pedicle proper, springing from the right wall below the Fallopian opening, in diameter about two inches, and short; the other covering a great portion of the opposite side, and extending down the cervix to its junction with the vagina.**

This latter connection was evidently secondary, and the result of inflammatory action at some remote period. The vaginal surface of the tumor, from which a part had been excised, was covered with healthy granulations and the healing process remarkably far advanced considering the short time that had elapsed since the operation. The post-mortem tumor was not weighed, but appears to be not quite twice the size of that removed by the last operation.

As this paper has already far exceeded its proposed limits, and for other equally cogent reasons, my history of cases must close for the present. I have purposly endeavored to confine my remarks to a plain statement of such facts and occurrences as seemed to have a bearing on the value of the electric cautery in uterine surgery, including a description of the apparatus and instruments required, and rules for their practical application.

It is possible that the discursive manner in which my reports of cases and operations are given may be considered too inexact and disjointed; but I would state in explanation, that this paper is written less with a view to instruct students than for the information it may convey to active members of the profession; so that the dry daily record and minute details of cases, however useful and necessary to the one class, would be neither attractive nor profitable to the other.

Independently of this feature, however, I am fully aware that my clinical report, as a whole, is neither so full, nor by any means so complete, as could be wished; because, in addition to certain diseased conditions and operations therein described, and which in reality constitute but one-fourth of

* This adhesion of the tumor to the left side of the uterus, undoubtedly resulted from the first attempt made at enucleation in September, 1869.

the whole number observed, there are many others of great practical interest that might also be related did time and other circumstances permit.

Prominent among the latter might be mentioned chronic catarrhal, inflammatory, and ulcerated states of the intra-cervical mucous membrane—as a class, the acknowledged opprobrium of gynæcological surgery, but yielding readily and in most instances to one application of the electric cautery.* Nor indeed does recourse to such radical measures for these obstinate ailments demand the use of any anæsthetic; for patients have repeatedly declared that no more suffering attends or follows such treatment than is observed when any other active topical application is made. So also in regard to inflamed and granular states of the urethral membrane, always a source of intense suffering to the patient, and, so far as my own experience goes, but rarely even alleviated by the most judicious methods of treatment ordinarily employed.

Yet these painful affections also, when not seriously complicated with vesical lesions, have, in several instances lately met with, disappeared no less rapidly by the same proceeding.†

I regret that, on these points, nothing beyond this mere reference to the facts can be ventured at the present time; but an early opportunity may be taken to submit some clinical illustrations of what may be reasonably hoped for in such cases.

With regard to the value of galvano-cautery as a means of exciting epitheliomatous outgrowths from the uterus, I think sufficient clinical material has been presented to demonstrate, beyond all reasonable doubt, its great superiority over every other mode at our command.

My reports also indicate pretty conclusively the boldness and freedom with which we may, by this agent, safely encounter disease, however intimately connected with vital parts, the security it affords against hemorrhage, and, what appears to me of even more consequence, the very remarkable immunity it would seem almost to guarantee against peritonitis,

---

* In order to make such applications properly, the cervical cavity should be first well dried out by means of compressed sponge or cotton. The cervical cauterizer should then be introduced as far as may be judged proper, *and while cold.* The battery is next to be immersed, and during cauterization the instrument should be rolled half around and back, so that the parts may be equally and well brought under its influence.

† A similar proceeding to that advised for cauterization of the cervical canal should be adopted. The bladder must be completely emptied, and the utrethra dried by cotton, before introducing the instrument. An anæsthetic is indispensable in these urethral cases.

cellulitis, pyæmia, and other fatal sequelæ of intra pelvic operations otherwise effected.

As to the curability of cancroid diseases of the uterus by such radical measures as I have adopted and described, or the degree of permanency thereof reasonably to be hoped for, I have but little to add to the remarks already embodied in my reports. The statistics are, perhaps, as yet too limited, and, in most of my cases, the time that has elapsed since operative treatment is insufficient to warrant any very dedided opinion one way or other.

It may not be presuming too much to say, however, that, judging from the apparently complete restoration to health in the great majority of patients so treated, though the condition of some was in the highest degree discouraging at the outset, I cannot hesitate to believe firmly that their ultimate history will warrant the most favorable conclusions in this regard. However, should future observation and more mature experience tend to dispel these hopes, and though cases now so full of promise should be found hereafter to have relapsed, it would nevertheless be some consolation to reflect that, in addition to having been instrumental in procuring respite from a painful malady, in no single instance had life been jeopardized by efforts made in behalf of these sufferers. Indeed, this latter remark is substantially applicable to some of the most hopeless forms of carcinoma when treated by galvano-cautery, as may be inferred from a perusal of case No. XII., and which is but one of several instances met with ; for out of thirteen such cases operated upon, ten were beyond all doubt greatly relieved ; and though three only were not improved, none were made worse.

The examples of carcinomatous disease of the uterus, either detailed or referred to in this paper, include nearly every variety described or met with, whether as regards their stage of development, the distinctive characters of their primary elements, or the tissues implicated. Hence it is needless to observe that, so far as the manifestly incurable cases were concerned, the parts involved or removed, the amount of relief afforded, and especially the extent to which life seemed thereby prolonged, varied in proportion to circumstances.

As to those of a less grave nature, they too, as may naturally be presumed, were of different forms and degrees of development, and consequently the steps and limits of operations proportionately varied.

Considering, therefore, all the facts observed in thirty operations, their subsequent progress, and inferences naturally deducible therefrom, the conclusion seems obvious that the

electric cautery, when properly employed, is attended with less danger, immediate or remote, and promises better results than can be claimed for any other method of surgical treatment yet devised for such ailments.

It would be interesting, and perhaps profitable, to notice some important points touching the distinctive morbid features characteristic of each case or group ; but having neither space nor desire to indulge in pathological hair-splitting or the discussion of questions irrelevant to the subject under consideration, what has been already said must suffice for the present, and may be accepted as a brief resumé of my opinions and convictions. Before disposing of this section of my paper, however, and in conformity with its aim and spirit, I would venture to submit, for the guidance of others, the following aphorisms pertinent to the operative management of this class of cases :—

1. In all cases of induration, destructive ulcerations, and outgrowths of the cervix uteri of a malignant nature, or believed to be so, and therefore warranting excision by galvano-cautery or other means, such operations should never be limited to the apparent line of demarcation between sound and healthy tissue, but must include the whole vaginal cervix at least, and even more if need be. (See Case I.)

2. When the shape of a part to be excised is such that a loop cannot be made to embrace it, a circular furrow for the reception of the wire may first be made by the cautery knife.

3. The wire-loop, knife, or other instrument should never be brought to a white-heat when passing through superficial tissues or cellular growths. (See Cases XVI, and XVII.)

4. Traction on the part to be excised should be carefully avoided until the wire has passed well into the sub-mucous structures.

5. The contraction of the loop should in all cases be very slow and gradual, *yet interrupted*, so as to insure a thorough cauterization of each stratum as passed through.

6. Towards the close of such operations, and as the circle of wire becomes small, let the amount of electricity be proportionately lessened.

7. Apply the knife to the spot intended to be cut *before heating ;* and, if possible, be always provided with a duplicate of this litte instrument.

8. Shun the use of persulphate of iron as a utero-vaginal styptic dressing, when possible, and, should any such agent be needed, substitute solutions of alum, or acetic acid, dilute or strong as circumstances may warrant.

The history of a very remarkable case of fibroid tumor has been described at such length, and the three operations undertaken for its removal in part so fully detailed, that but little need be said in addition to what is contained in the reports.

If, up to this time, proof has been wanting to convince the sceptical, and all who, on purely theoretical grounds, denounce certain forms of galvanic apparatus, because, as they say, their action is not sufficiently constant, these three operations amply furnish it. Others, too, who may have imagined, heretofore, that the galvanic cautery in surgical practice must necessarily be limited to small epitheliomatous or pedunculated tumors, fistulous openings, and birth-marks, will find for the first time how much wider its range of applicability may be extended.

That a highly vascular mass, fifteen inches in circumference, and situated within the pelvic cavity, has been successfully cut through and removed without loss of blood or subsequent inflammatory complications, is a circumstance in the history of galvano-cautery as suggestive as it is worthy of record.

The unfortunate occurrence that brought about a fatal issue in this case after the third operation, namely, exposure to cold, however deeply to be regretted, has nothing whatever to do with the merits of the operation, because up to the time of this accidental misfortune the patient was in a much better condition, and promised a more rapid recovery than at a like period after either of the two previous operations.

The report of an operation for the removal of an intra-uterine sessile fibroid (Case XIV.,) exemplifies another and I believe a safer means than that of enucleation, by which the removal of these tumors may sometimes be effected.

Avulsion or enucleation of intra-uterine fibroids is admittedly a hazardous, and at best a most difficult undertaking, because, though encouraging results have occasionally attended the efforts of some surgeons in this direction the operation is one from which those who are best qualified to appreciate its dangers and difficulties will be most apt to shrink.

I am not aware that any successful attempts has been heretofore made to sever the connection of such an intra-uterine growth as that described in my case, by means of the electric cautery ; and though the proceedings therein adopted may be found impracticable in some instances, a persevering effort, when it is deemed possible, would, I think, in a conservative sense, be proper and advisable.

The interest that attaches to the case of fibrous polypus springing from the fundus uteri (Case XV.) is due more to the diagnostic lesson it conveys than to the means by which its removal was effected ; because an error in diagnosis, regarding its real point of departure from the uterus, would in all probability have been fatal to the patient. When this tumor was exhibited at a meeting of the New York Obstetrical Society, two examples of this fatal error in cases precisely similar, were related,—one as having occurred in the clinic of Professor Scanzoni within the last two years, and the other in the practice of a prominent New York surgeon. In both cases the fundus uteri, being mistaken for the base of the pedicle, was extirpated, and the patient died in consequence.

Dr. Graily Hewitt,* referring to this subject, says : "When the poly-

* Diseases of Women, first American from second London Edition, page 529.

pus has a large basis of attachment, the fundus may be so drawn downwards that what appears to us the pedicle of the polypus is really the uterus itself. A specimen was not long ago exhibited at the Pathological Society, and referred to Dr. Marion Sims, Dr. John Ogle, and myself for examination, in which such a tumor has been excised, and a circular piece, comprising the fundus uteri, had been removed with it."

I have thought proper, also, to introduce another example of polypus (Case XVI.,) the clinical features of which are no less peculiar and instructive than that last referred to. However, as certain inferences deducible from what was noticed in this case have been suggested elsewhere, and important principles, applicable to galvano-cautery, based on facts then observed, have been defined in aphorisms 3 and 4, no further remarks seem called for on the subject.

Case XVII, presents some interesting points for reflection, a few of which have already been glanced at in the report. I think this, as well as other similar cases met with, go far towards establishing à fact in the clinical history of such ailments, as well as certain principles applicable to their management, of great practical value.

Thus, however successful Dr. James Henry Bennett, and others who accept his pathology and therapeutics of inflammatory and congestive uterine diseases, may have been in "melting down" voluminous cervices by potassa cum calce and other corrosive substances, the most thorough, and by no means superficial, destruction of such parts by the electric cautery, and subsequent copious purulent discharges, cannot be relied on as a remedy for nutritive hypertrophy of the cervix uteri. Moreover, I feel justified in concluding, from my own observation, that amputation of the cervix by galvano-cautery, as compared with local depletion, caustics, and escharotics, offers the quickest, safest, most painless, and by far the most successful treatment for this very numerous class of cases. Whether the explanation already given in regard to the elevated position and immobility of the uterus noticed in this case, is the correct one, or likely to aid us in establishing some principle for our future guidance, will, of course, depend on further experience and the opinion of others.

This much, however, I may add: the circumstances, though probably noticed by others before, appeared so novel to me that I could not well avoid recording it, and the explanation and inferences are offered for what they may be deemed worth.*

In concluding this brief summary of my clinical experience in galvano-cautery I would simply remark that those who confine their appreciation of this invuluable agent in uterine surgery to its blood-saving properties, omit to take into consideration its most attractive and important attributes. These consist, first of all, in the peculiar manner in which this hæmostatic effect is produced on the vessels, and which I surmise is in no way analogous to that effected by ligature, torsion, ecrasement, or styptics. Secondly, as there are no disorganized blood-clots or other effete material to become absorbed into the circulation, blood-poisoning, as I have before observed, need not be apprehended as a sequel of cautery operations.

In other words, it would appear that not only are the blood-vessels securely sealed up, but the lymphatics as well, and hence the immunity from hæmatoxic and inflammatory complications.

314 Clinton street, Brooklyn, January, 1873.

---

* There is a patient at present under treatment in St. Mary's Hospital for vesical and uterine prolapse, and whose future condition will serve to throw some light on these interesting points.

[*A note of caution by the author in relation to the quality of instruments to be used appears at close of this number of Observer.—Ed.*]

Lectures and Addresses,

Address of Bushrod W. James, M. D., of Philadelphia, President of the Homœopathic Society of Pennsylvania, delivered at the opening of the Eighth Annual Session at Harrisburgh, Pennsylvania, Feb. 5, 1873.

Fellow Members of the Society:—Another year of prosperity to our system of medicine and to our organization has rolled around, and we are assembled together again to compare our experience and to hear the reports of the various bureaus and county societies, and members, and discuss matters of general welfare to sick and suffering humanity, and to propose further measures for the advancement of medical science and the means to be adopted for still greater medical reform.

We live in the age of progress, and we must act and work individually and collectively as a vigorous body of scientific explorers.

The science and art of medicine has passed through its dark and barbarous ages, and is now really in the middle ages of more refined skill and of progress, and ere many more years shall roll around we hope it will be a complete and perfect science and art, when it will become a conqueror of all the various forms of disease now known, and incurable maladies, barring death itself and necessarily fatal infirmities, shall be stricken from the list, all doubt in medicine cleared away and assured confidence in it and esteem for it established, and quackery shall expire of marasmus or starvation.

Neither the self-styled regular school of medicine, with all its accumulated store of three thousand years of knowledge, experience and experimentation, nor homœopathy, with about sixty-three years of medical reformation, have, so far as I know, as yet, struck at the proper object or aim in saving in the aggregate human life, or in curtailing suffering among accumulated population by preventing humanity from having or being susceptible to disease, or by directly abolishing the diseases themselves.

What disease has ever yet been blotted out of existence. What malady that existed three thousand years ago is there not now to be found prevailing as fatally as then, while the number has largely increased and some of them have become much more prevalent and fatal. The rapid increase of population it is probable has alone saved the human race from gradually fading from the earth.

We must utterly destroy the miasmatic poisons, or specific animal and vegetable morbific agents that produce these different diseases, or no progress will ever be made in the right direction. Destroy the poisons of the typhous type and one grand step will be made. Annihilate the miasm of cholera and destroy the generating source of this miasm at the Delta of the Ganges and elsewhere, once effectually over the globe and a second step will be made. Then cast into oblivion the contagious elements of variola and another step will be made, and so on as the different maladies are swept away other progressive footprints will be made upon the history of medicine.

These may be non-professional ideas, but a man can afford to be heretical upon a subject in which so comparatively little real visible progress has been made. Physicians are battling disease with the small end of the club, while they hold the large unwieldly butt. Now it is time to reverse the weapon and strike more weighty blows.

Let contagious, epidemic and endemic diseases be once obliterated, and we then have the science of medicine laying down such laws for humanity to follow that to disobey them will be an act of suicide upon the part of the disobedient.

Preventive medicine, as generally construed, is a very laudable mode of practice; it is the damming back of the destructive malady, preventing it from spreading further among other human beings. What I urge is that the profession go more thoroughly to work than simply this kind of prevention, and that is to dry up the fountain of disease; in other words, kill the causes, annihilate the prime disease-producing elements so that none of its germs will lurk around ready to develop and reproduce the disease as predispositions arise.

For instance, take small pox, which is prevented by vaccination, or the ordinary scarlatina, which is prevented by small doses of Belladonna. These are both examples of preventive or prophylactic practice. You here modify or ward off the disease by placing the system of the individual to be protected under the influence of another agent. Now if we were able to destroy the contagious poison itself as it is generated or

thrown off from the afflicted sufferer, would it not be a much more effective kind of prevention, and not only so, but were we able to detect and destroy all such germs or seeds of poison as well as the poisons wherever they exist, would we not soon arrive at the perfection of preventive medicine.

Preventive medicine, as now understood, means little more than modifying the disease. A curious proof of the modifying influence and lessening of the death rate in preventive medicine in the small pox is found in the observations of Professor Haughton, of Ireland, who, on learning from any city how many small pox cases had been treated within its limits, and how many had died in any given epidemic of the malady, can with almost unerring certainty, tell the inhabitants how many had been vaccinated and how many had not, He found by accurate observation that a vaccinated person has ten chances of recovery from variola where an unvaccinated individual has but one chance. A brief quotation will be of interest on this point:

"Professor Haughton learning that in a given hospital in Dublin so many cases of small pox had been treated, of which number so many had died, calculated that 120 of the cases treated had not been vaccinated. Writing this to the physician in charge, that gentleman consults the records and finds that 119 were recorded not vaccinated."

And again obtaining the small pox statistics of Birmingham, Prof. Haughton computes from the following naked figures a like marvelously accurate result: 1,911 cases of small pox treated, 262 of which died. Prof. Haughton having only these two factors says at once "of the 1,911 cases 230 had never been vaccinated. Subsequent research revealed that 209 of the 1,911 cases were certainly non-vaccinated and 44 were doubtful. Assuming half the doubtful as non-vaccinated, the total non-vaccinated made 231 as against the professor's 230.

As with Dublin and Birmingham, so with Liverpool, and now for the explanation. The professor has ascertained that of every 100 non-vaccinated persons attacked by small;pox 66 died; while of every 100 vaccinated persons so attacked only 6 6/10 died. Given the total number of persons attacked and the total deaths, it requires no magic to tell how many of the total number were and how many were not vaccinated.

Do not misconstrue my meaning and my views.

I do not wish to stop the cure of disease or the modification of disease by prevention and prophylactic measures, nor do I say that medical science is to be abandoned now, but I

do claim that in the future the annihilation of special diseases and of whole classes of maladies, ought to progress so far that very little or no curing will be required, and the medical talent of the world will be turned largely in the direction of completely preventing disease and of placing its various forms out out of existence.

But it may be urged that there are natural laws of decay and destruction, and that mankind, for illustration, is like a fruit tree which bears some fruit that is puny and sickly, and that drops early, some at one stage and some at another stage of growth, while others will be perfect and sound and drop only when fully matured by age.

These laws are in effect in the human race of course, and also in other races of animals too, and act according to the vigor of the constitution, but we have infringements upon human frames that are naturally strong, by diseases, which attack vigorous individuals and even masses of healthy humanity and sweeps them from earthly existence, or maims them for life, and these are the morbid enemies we war against and should first annihilate.

Should the theory of spontaneous generation be correct, it may be thought that such views would conflict with it, but nay, this would merely involve the constant discovery of agents to destroy the newly-generated poisons and miasms as they come into existence.

The daily weather reports from the signal service bureau at Washington I regard as a valuable aid to both practitioner and to the people at large as a warning to the delicate and sick, when not to expose themselves to the approaching changes of atmospheric conditions and temperatures, and how they may clothe themselves to guard against the baneful influences of these variations which are now foretold with tolerable accuracy by this wonderful system of observing the weather all over the country, and the advancing currents of air and their respective temperatures.

But this valuable service needs to progress still further. We must know the electrical conditions of the atmosphere as well as the temperature and storm, and all at the same time, and then we must know the mortality from the prevailing diseases in the different cities at corresponding hours of the day and night as well as what affections are prevailing and how the changes and moisture, or temperature, or electrical state, or relative proportion of oxygen in the air affects both sick and well humanity in making the former better or worse, or in producing maladies in the latter.

Physicians will be obliged to diagnose their cases accurately and daily records will have to be kept and reports will have to be made, not only of the deaths, but of the different diseases they are treating daily. This system of observation once made obligatory by national statute, and it will be easily accomplished and our nation or the people rather, will reap the glorious benefits which will accrue therefrom. When this is perfected we can ascertain just how climates and climatic influences affect the various prevalent maladies, and a certainty will be established in this direction where great uncertainty now exists.

We will then be able to announce the approach of diseases to different places, and will learn to compute their speed of travel, and thus throw a safeguard to the unwary, tell them of coming epidemics and instruct them how to avert them until such future era shall arrive in which we shall have exterminated the various maladies.

Our nation is an aggregation of individuals, and the government of the nation is administered by a deputized few who are sent by authority of the masses to make and enforce laws for the general welfare of all who live in the nation. Hence such a measure which will redound to the welfare of not only a great majority, but to all, should find no opposition to its passage, for the nation's destiny and power depends upon the good health and vigor of its subjects.

We are, gentlemen, but a State organization I know, but may we not as a body put forth our energies towards the complete conquest and annihilation of disease? This I regard as in our line of duty as medical men. So let us onward to its accomplishment despite the opposition of all enemies and sneers of those who decry all new projects.

THE PRAISE OF IGNORANCE.—Mr. Hancock delivered the Hunterian address at the Royal College of Surgeons of England on February 14. It was chiefly devoted to the denunciation of tests for the preliminary education in arts of gentlemen desiring to enter the medical profession, which did not exist in the time of John Hunter.

CLINICAL THERMOMETRY.—The *Progreso Medico* of Cadiz says that Dr. Moreno has lately given a course of lectures on clinical thermometry, which have been attended by a large number of students.

DR. MEYNERT, well known for his valuable researches on the anatomy of the nervous system, has been appointed Professor of Medical Psychology in the University of Vienna.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

HYDRASTIS IN CONSTIPATION.

BY G. C. HIBBARD, M. D

Dr. Hughes in his admirable book on Pharmacodynamics, says: "In simple constipation I know no medicine so generally beneficial as Hydrastis." I am not prepared to give it the precedence in this morbid condition, but feel justified in recommending it as an exceedingly valuable remedy. I have in several obstinate cases succeeded with it after the failure of Sulphur and Nux. These cases I believe were all among children: one of which I deem of sufficient interest to relate. The child was a year old and had been constipated from birth. Cathartic medicines and enemas of tepid water had been employed, but these measures afforded only partial relief and against their administration the little fellow made a gallant resistance. This last circumstance I am inclined to think induced the parents to give homœopathy a trial. After I had used two or three remedies apparently indicated, and not obtaining with them the desired relief, Hydrastis was given. Two drops of the tincture was ordered to be administered twice a day until improvement should manifest itself. A few days only were necessary to secure the end sought after, and since then—now nearly a year—the constipation has not returned. If the stools delay a day, an event which seldom occurs, a single dose of the Hydrastis suffices to restore the bowels to their normal state. In addition to the removal of the constipation, a marked change for the better was evidently produced by the remedy so far as the appetite, digestion and assimilation of the patient were concerned.

FISSURED ANUS CURED BY RATANHIA.

BY G. C. HIBBARD, M. D.

Fissured anus is confessedly difficult to cure through the agency of medicines, and some physicians have denied the possibility of curing it without the employment of the knife. I am happy to be able to cite one case of fissured anus—a case in which there was no doubt of the correctness of the diagnosis—that was perfectly cured by medicine. The patient was a healthy appearing man about thirty years of age, and had suffered from the fissure upward of a year. He had excruciating pain immediately after stool, especially if the bowels were costive. Previous to coming under my treatment he had utterly failed even to obtain any relief, though remedies had been faithfully tried, both internally and locally. After employing several medicines in vain, my attention was called to Ratathia, a remedy which our French colleagues were using with alleged success in fissures of the anus. Of course, I gave it a fair trial; first internally—a drop of the strong tincture morning and night—and this not producing satisfactory results, I resorted to its local use also. I put 12 drops of the mother tincture into 2 drachms of glycerine, and directed the patient to apply it freely to the fissure immediately after defecation. The effect of the Ratanhia thus employed was highly gratifying—the relief was prompt, and a complete cure followed within two months.

A glycerole of Hamamelis and also of Hydrastis were used previous to that made of Ratanhia: consequently the glycerine had nothing to do with the cure.

VERATRUM VIRIDE.

233 13th Street, Brooklyn, Feb. 25, 1873.

Dear Doctor Searle:—You may perhaps remember, while we were in Albany at the meeting of the "State Homœopathic Medical Society," you gave your experience in the use of *Veratrum viride*, and called particular attention to the fact that "a tongue with a red streak through the centre, and coated sides," is a prominent indication for its use. On my return home I saw the two cases related below:

Case 1.—A boy aged five years. This patient I first saw on the evening of Feb. 9th, and found that he did not look as well as usual, but had no fever, and his only complaint was of pains in the abdomen. When he walked it seemed to hurt him a little, as if it jarred him. As I could find nothing else on which to base an opinion, I ascribed the pains and soreness to indigestion. I prescribed and told his parents that in all probability the medicine would be sufficient for him; but if he did not do well, to send to my office, and as I was to leave the city the following morning, another and very able practitioner would attend to him until my return. On the 11th inst. they sent, and the patient was seen by my "proxy." He found a well-developed case of inflammatory rheumatism, affecting principally the knees and ankle joints, with some swelling and pain of the wrists and fingers. He made his prescription, and told them that I would see the patient on the 13th inst. On that day I saw him and found the parts before mentioned swollen and sensitive to touch and motion; some general fever, but not very great; and his tongue showing very plainly the "red streak and coated yellow sides." His parents were somewhat discouraged, and gently hinted that this was their first trial of homœopathy, and unless he soon began to improve, they would consult their old physician. On the strength of the tongue indication, I prescribed *Veratrum viride θ*, six drops in two ozs. of water, a teaspoonful every two hours. Saw him the next day, and to the surprise of all interested, found him walking about the house, without pain or soreness, and with very slight swelling left. I left him *Sac. lac.* powders to take until my next visit, when he had entirely recovered.

Case 2.—A married lady, about thirty years, was first seen on the 12th of February by the aforesaid "proxy." The case was diagnosed and prescribed for as one of inflammatory rheumatism. I saw her on the 13th inst., and received the following history: She had been taken on the 11th inst. with "creeping chilliness, aching in all the bones, followed by headache and high fever." The ankle joints and calves of the limbs were swollen and very painful when moved, and also sore to the touch.

On the 13th inst., when I saw her, she said she was no better from the previous prescription. She then had a high fever, with headache. All the other aches and pains were confined to the lower limbs. Her tongue showed the "red streak," and on this indication alone I gave *Veratrum viride θ* as in Case No. 1, using however a dessert spoon instead of tea spoon. The next day I found the patient up, in another room, the fever and pains all gone, and, she said, "well, except feeling weak." She received *Sac. lac.* On calling next day she looked and felt better, but complained of some lameness and soreness of right shoulder joint. For this I gave her one drop of *Veratrum viride θ*, in a half goblet of water, a dessert spoonful every two hours, which soon cleared the case satisfactorily.

Above you have my experience with *Veratrum viride* used internally for inflammatory rheumatism. You are at perfect liberty to do what you please with it; but this you can bet on, if any person stick out a tongue with a red streak through the centre, to me, they will be sure to get some *Veratrum viride θ*.

Yours as ever, EVERETT HASBROUCK, M. D.

A CASE OR TWO.

FACIAL NEURALGIA.

Was called in great haste to see Mr. E., watch-maker, nervo-bilious temperament. Severe neuralgia of facial nerves, distributed about the orbit on right side, together with intense pain in orbit itself, and darting pains from frontal through to occipital region. Patient almost wild with pain. These attacks always occur when he is obliged to use persistently the eye-glass. In previous attacks has been vesicated and chloroformed, without permanent relief, by "regulars."

Gave *Cimicifuga θ*. Relief in twenty minutes. Slept quite well. Return of pain at 9 next morning when he began to move about. Repeated *Cimicifuga*. No effect in half an hour. Substituted *Spigelia 3d*. Began to be relieved in ten minutes. Complete in an hour. Kept him from his work a day or two. No return.

RHUS IN LUMBAR PAIN.

Mr. R., bridge-builder, nervous temperament, called at my office for relief from great pain and soreness in lumbar region. Had been drenched and scoured by eclectic *teas* and regular *drugs* for three weeks. Learned that it was caused by a strain, was worse after getting warm in bed and on beginning to move. *Rhus tox. 200*, one dose. *Sach. lac.* every hour. Returned next day to report nearly well. One more dose of *Rhus* cured entirely.

SELENIUM IN SPERMATORRHŒA.

Was consulted by Mr. A., a medical student. Has seminal emissions about twice per week, lascivious dreams, is always awakened by it, always rises, on the morning after an emission, with *lameness and weakness in small of back.* Has taken *Phosphorus*, *Phosphoric acid* and *China*, with no effect. Italicised symptoms pointed to *Selenium.* Gave it in the twelfth potency, three times per week. Complete cure in four weeks. (In cases of this disorder where there are no decided indications for any one remedy, or where well-indicated remedies have failed, I give *Nuphar lutea θ* with excellent results. It must not be given every day, nor continued too long. It is efficacious in both sthenic and asthenic forms.) J. T. GREENLEAF.

SUGGESTIVE FACTS CONCERNING VACCINATION AND SMALL-POX IN WASHINGTON.

During these trying times of small-pox epidemics, speculation is rife as to the prophylactic power of vaccination. So much is written and said, reasonably and unreasonably, that seems as if the days of Jenner were to be revived with all their scholastic and laical wars.

Heaven forbid that I should enter into the arena of this contest. Theories would dishearten your readers at best, for there is hardly a civilized tongue in which vaccination has not been treated of; the State, the Church, the philosopher, the physicist, the skeptic, and the bigot each has in his turn had a hand in it; some believing it a Divine inspiration, some affecting a horror of it as of a diabolical scheme invented to defeat the will of the Almighty in thus visiting his people with a chastisement it well deserves; others assuming that vaccination is a terrible disease which shocks the system, from which there is no recovery.

I shall not speculate for or against the noble efforts of the one or the dogmatism of the others, for I write these few lines only to give our people our experience with vaccination and small-pox during this last epidemic, and since I have been Health Officer of the District of Columbia.

Well considering the importance of vaccination, I have, under advisement of the Board of health, kept a systematic record of every case of small-pox reported to the Board, inquiring and taking note in every case, whether the person thus afflicted had been vaccinated, when, etc., and from the records I cull the following interesting facts :

Nine hundred and twenty-five cases have been reported to this office since June 1, 1872. Of these six hundred and sixty were from colored and two hundred and sixty-five were from white people.

Of the 925, five hundred and thirty-two who had never been vaccinated, viz : 58 per cent. ; two hundred and ninety-two had not been vaccinated within the last five years and upwards, viz : 32 per cent. One hundred had been vaccinated, viz : 9 per cent. Of the last two classes it could not be ascertained how many has been successfully or unsuccessfully vaccinated, but as it can not be doubted that many were unsuccessfully vaccinated, the per-centage of the latter would necessarily decrease, and the proportion of the former relatively increase.

Of the 532 who had never been vaccinated, 209 died, viz : 39 per cent.

Of the 292 who had not been vaccinated within the last five years and upwards, 74 died, viz : 25 per cent.

Of the 100 who had been vaccinated (but whether successfully or not we could not ascertain) 20 died, viz : 20 per cent.

I vouch for the correctness of these figures, and leave it to the reader to draw his own conclusion.

The Board of Health, believing in vaccination, have advised and enforced vaccination as far as their authority would permit.

Under the auspices of the Board of Health 35,044 persons have been vaccinated, and the name of each recorded in the office. Nearly 8,000 of of that number have been vaccinated at their rooms. Through the many appeals of the Board, I have no doubt as many more people have been vaccinated in our cities by the private physicians of the more commodious families.

We can fairly estimate, therefore, the vaccination in the District during the last year to reach 70,000 and, judging from the number of vaccine points used and distributed by the Board of Health, that number is not over-estimated.

I am of the opinion that this general vaccination, the care that the Board of Health has taken in the burial of the dead, the removal or isolation of the sick, the disinfection, and the enforcement of quarantine regulations has kept the small-pox in abeyance, and has prevented this scourge from decimating our city.

Unlike other cities, our Board of Health did not wait for the epidemic, but, long before it appeared, they made preparations for its reception. Enmity and ridicule did not make them swerve from their undertaking.

Boston, Philadelphia, Baltimore, and Louisville, have sent many hundreds of their noblest citizens to an untimely grave before the authorities could grapple with the devastating and loathsome epidemic.

It is a pity that legislators will not listen to the warnings of the guardians of health. It is criminal not to adopt adequate measures and not to supply sufficient means to prevent the incursions of fatal and loathsome diseases.

What are parks and shady places, smooth pavements and glittering fountains, if our people are to be hurled into a grave by the indifference or neglect of those to whom is committed the care and welfare of the community ?

One shudders in thinking of the helplessness of our sister cities when this epidemic bursts upon them unprepared and illy provided, and during

a period of civilization when science has revealed most potent means to stay its fury and prevent its ravages.

Can ignorance be plead, or economy adduced, as reasons for not providing for the safety of many thousand human lives ?

This scourge will pass away, but let us not forget the lesson and the axiom that "an ounce of prention is better than a pound of cure."

Had we had the power of removing every case that could not be safely isolated there would not be a case of small-pox in Washington to-day ; for we know that the small-pox was nursed and propagated in the hovels that offer no protection to their inhabitants. Let us save the multitude, though individuals must suffer.

T. S. VERDI M. D.

HUTCHINSON ON THE PROPAGATION OF SYPHILIS BY VACCINATION.*

In bringing forward this evidence, in addition to that published by Mr. Thomas Smith in the fourth volume of the *Clinical Transactions*, and by himself in the fifty-fourth volume of the *Medical Chirurgical Transactions*, Mr. Hutchinson has established beyond doubt, even in the minds of those for whom the earlier evidence was insufficient, the possibility of the occasional propagation of syphilis by vaccinating from infants in whom that disease is active. This being so, it is of the highest importance to prevent the repugnance to vaccination already existing from being strengthened unreasonably by these unfortunate occurrences, which, even at their worst, must be of extreme rarity—rarity so great that, in North Germany, more than twelve millions of vaccinations have only furnished two or three examples. (Auspitz, *Wiener Med. Wochenschrift*, Jan. 25, 1873.) And when an official inquiry into the effects of vaccination was made in 1856, no English practitioner of repute was able to report a single instance.

The facts of the present cases are as follows :

1. *The patient*, a male, aged forty-six, applied to Mr. Hutchinson, at Moorfields Ophthalmic Hospital, for relief from iritis. Examination disclosed the existence of dusky-red rash and symmetrical ulcers, on the tonsils, but no trace of disease on the genitals. On one arm, however, were two or three scabbed ulcers as large as shillings, with dusky-red indurated borders, and there was indolent bubo in the corresponding axilla. He

---

* *Propagation of Syphilis by Vaccination.* [The Third and Fourth Series of Observations communicated to the Royal Medical and Chirurgical Society, on January 28, 1873. By JONATHAN HUTCHINSON, F.R.C.S. With Discussion and Leading Articles. *Lancet*, *Medical Times and Gazette*, and *British Medical Journal* for Feb. 1, 1873. (British) *Medical Record*, Feb. 12, 1873.]

had been vaccinated three months before he applied to this hospital. The punctures took, and behaved as usual, but a month after the vaccination, when just healed over, they broke out again. About six weeks after vaccination a rash is said to have appeared, and the iritis at two months after it. The symptoms disappeared while mercury was taken. Besides the patient, about twelve others were vaccinated from the same child. In three, the patient's children, young adults, no ill results were observed. Of the remainder, nothing precise was known.

The vaccinifer.—The vaccinator reported that this child appeared to be in excellent health at the time. When seen by Mr. Hutchinson it was eight months old, was fat and well grown; it was the third of the family; its predecessors had died in infancy. It had a markedly sunken bridge to its nose. This comprised the evidence of syphilis in the child.

2. A lady, aged forty-five, came under Mr. Hutchinson's care in Dec., 1872, for a non-syphilitic affection, but having also copious remains of a syphilitic rash. On interrogation, she narrated that she had been vaccinated in May, 1871, by four punctures, none of which took; just a month later one inflamed and became a hard-edged ulcer, lasting three months. About two months after vaccination the rash appeared and she fell into ill health. Until Sept. 1871, no specific treatment was adopted. It was continued nine months, and then dropped. Two months later the left eye inflamed, and the rash relapsed. The iritis was treated at Moorfields, and several months afterwards the patient came under Mr. Hutchinson's care for the first time. In addition to the remains of eruption, synechiæ in the left eye, and a dusky scar at the site of one of the vaccination punctures were found. The patient was vaccinated from a baby's arm, along with her two grown-up daughters. A number of other persons had been vaccinated previously from this child, but these had not been traced. The daughters escaped contagion.

The vaccinifer.—The baby and its mother were said to have looked quite well at the vaccination; but, when dentition began, the child had sores about the anus that lasted three months. It was the third child; the first two were living. The eldest, aged six, showed no sign of inherited taint; the second, aged five, had a large forehead, and, at her dentition, had exactly the same sores at the anus as had the vaccinifer. When Mr. Hutchinson saw the vaccinifer, the symptom attributable to syphilis was a large forehead.

What are the conclusions to be drawn from these facts?

First, there can be no doubt but that both patients had syphilis, contracted about the time when they were vaccinated. In the first case, the proof is satisfactory that the point of vaccination was identical with that of inoculation, the state of the point of inoculation having been seen by Mr. Hutchinson while in a characteristic condition. In the second case the evidence is less irrefragable. There is only the patient's narrative of her symptoms for a history of the early stages of her disease, and a year and a half had elapsed before she came under the reporter's observation. Mr. G. G. Gascoyen, criticising this part of the evidence, remarks that it is not impossible that the vaccination simply roused into activity the syphilitic poison already contained in her body. Indeed, the evidence to show that syphilis entered at the point of vaccination is scant.

Next comes the question, whether the vaccinifers had syphilis themselves. Here the evidence is less satisfactory than that reported two years ago. The appearance of the infants when employed as sources of lymph, caused no suspicion ; but it is not stated that a medical examination was made to ascertain their condition before using them, and when the hitherto unsuspected infants were examined, no symptoms pathognomonic of syphilis, and very few of any kind that could be attributed to that disease, were found. While pointing out the small amount of evidence to establish the presence of syphilis in the vaccinifers, it must not be forgotten that great difficulty must always exist in such investigations; for naturally, children who readily betray their syphilis would be rejected.

But let it be granted that both these cases may be added to the list of instances of vaccino-syphilis, the practical object is really to prevent their recurrence while extending the practice of vaccination. By simply demonstrating its possibility, even though as a rare clinical phenomenon, a great step is made. The great majority of vaccinators, not believing it possible, took no special precautions against it. Now, on the contrary, they will take pains to satisfy their minds that syphilis is not present in their vaccinifers; all other precautions being of small value. For example, the continued discussion as to whether the vaccine lymph *per se* can communicate syphilis, though clinically interesting, is of minor consequence practically ; no one would knowingly use a tainted infant as the source of his vaccine. Such evidence, indeed, as we possess, is entirely against the probability of the lymph itself being the vehicle of syphilis. In our uncertainty, the blood, or the serous part of the blood exuding into the vesicle when that is

partly evacuated, or some adhering cells, have been suggested as the vehicle. It is an important clinical fact, that in every instance of vaccino-syphilis, other persons vaccinated from the same infant have had ordinary vaccinia but no syphilis. But the suggestions for its explanation are at present little more than pure conjecture. As has been pointed out, not a particle of testimony has been adduced to show that the vaccine lymph can convey syphilis. But that is not the present question: it is, can, or cannot, syphilis be detected in all persons who possess the power of imparting it to others? The tone of the discussion implied that it is impossible to do so, indeed, this was so stated by Mr, Hutchinson; and acting on this conclusion, precautions were proposed which, it is observed, would in practice seriously diminish the prophylactic power of vaccination against small-pox. For example, it was recommended that lymph should not be taken from children less than three months old—in fact, six months was mentioned; from children whose parents were not known to the vaccinator, or who were the first-born of a family; that government should increase the facilities for vaccinating from the heifer, &c. There is fortunately little evidence to show such stringent precautions are necessary. Proof is very small that children in whom the presence of syphilis eannot be ascertained by careful examination to exist, can communicate their disease; while there is much to show that syphilis is contagious only when processes are at work which betray its presence. Even the blood has been successfnlly inoculated only when taken while its owner was clearly suffering from the disease in full progress, and not always then. For practical purposes, in the present state of our knowledge, we are justified in adopting the summary of the *Lancet*, of the conditions that must be *simultaneously* present for the contagion of spphilis by vaccination:—(1.) a syphilitic vaccinifer, (2) an active candition of the syphilitic element in the vaccinifer's blood; but at the same time (3) the absence of such obvious external symptoms as would deter any commonly upright surgeon from using the subject of them as a vaccinifer; and, it also adds, (4) the gross imprudence of using the serum or blood escaping after the first evacuation of the vesicle. These conditions, which need never be present together if ordinary care be exercised, must be co-existent to propagate syphilis, and they keep widely clear of that which, there is strong reason to believe, is the essential condition for contagion, namely, syphilis in active and demonstrable progress.

BERKELEY HILL.

HEMORRHAGES.

Discussion before the Homœopathic Society of Pennsylvania at its last Annual Meeting.

Dr. Preston likewise mentioned a case of epistaxis, or bleeding from the nose, in which the blood flowed freely from both nostrils to complete fainting of the patient. Application of tannin always gave temporary relief, but other styptics failed entirely. Belladonna seemed to be indicated by the symptoms; it was given in the two hundredth potency and entirely arrested the flow.

Dr. M. Cote said he had a very large experience in treating bleeding from the nostrils. During the past two years he had given Belladonna, 200th, to every case, with a curative result in every case.

Dr. W. M. Williamson recommended Crocus.

Dr. H. F. Hunt, of Camden, N. J., highly praised the action of Erigeron in such cases.

Dr. Thomas Moore, of Germantown, thought we should, in all these cases, give the indications which lead us to the use of these remedies, and be able to tell why we gave Belladonna, Crocus or Erigeron.

Dr. Williamson said he omitted to give symptoms for Crocus, simply because Dr. Preston had given them very clearly in his paper.

Dr. Preston said that in the case he reported he had given Crocus, but it had failed, and he had been induced to give Belladonna.

Dr. Hunt preferred Crocus to other remedies when the blood was stringy, and Belladonna where the blood flowed freely, or drop by drop.

Dr. Bowie, of Uniontown, gave Crocus, 30th, in a very violent case of epistaxis, with prompt relief.

Dr. B. W. James said in applying the plug to the posterior nares in cases of epistaxis, the sponge should be attached to the middle of the safety string, allowing one end of the string to hang out of the mouth, and the other out of the nostril.

Dr. M'Clelland regarded the method recommended by Dr. James as the best that could be devised in such cases.

Dr. David Cowley called attention to the use of Hamamelis when the blood is dark colored and fluid. After an operation for syphilitic onychia. Where the hemorrhage was considerble, Hamamelis acted nicely after Monsell's salt had failed to suppress the hemorrhage.

Dr. M. Preston desired special indications for the use of Hamamelis. He had come to regard it as an overpraised remedy.

Dr. Thomas Moore said tenderness across the region of the abdomen was an indication for the use of Hamamelis in intestinal hemorrhage.

Dr. M. Friese, of Harrisburg, thought passive venous hemorrhages were specially controlled by this drug.

Dr. B. W. James used it, particularly where there was an evident hemorrhagic diathesis.

Dr. H. F. Hunt had used it with great success in cases of hemorrhage from piles, in which the loss of a small quantity of blood was followed by a prostration out of proportion to the loss. Dr. Hunt also spoke of the use of Hydrastis in the sore mouth of infants and in nursing sore mouth; a strong indication being an excessive coating of the tongue. He could also recommend it highly for gleet, and in cases of neglected syphilis.

Dr. Williamson stated that a very copious proving of Hydrastis could be found in a recent publication of the American Institute of Homœopathy. He agreed with Dr. Preston that Hamamelis was a greatly over estimated remedy. Two years ago Dr. Doane reported to this society a case of hemorrhagic diathesis, which was almost staggering to belief. This same patient had fallen into his (Dr. Williamson's) hands when attacked with small-pox last winter. The disease took the hemorrhagic form and the pustules were filled with blood. Hamamelis relieved the man, but he died on the seventh day after the appearance of the eruption.

Dr. Cowley said Dr. Hoffman had succeeded in checking a case of hemorrhage with Hamamelis, after other remedies had failed.

Dr. Friese reorted a case of hæmatemesis in which Hamamelis was eminently successful.

Dr. Preston called attention to Phosphorus as an excellent remedy in hemorrhage.

DIPHTHERIA.

Discussion before the Homœopathic Society of Pennsylvania, at its last Annual Meeting.

Dr. Fetterhoff said he had used Apis in diphtheria, indicated by pains in the limbs, frequent urination and the usual grayish appearance of the exudation.

Dr. Williamson had seen benefit from Iodide of Arsenic in

mammary and other forms of abscess, characterized by the usual throbbing, with very great restlessness, or in children peevishness, etc. In tonsillitis Apium virus is an excellent remedy, but in diphtheria he could not corroborate the experience of Dr. Martin.

Dr. Fetterhoff had seen Apis act remarkably well in diphtheria where both tonsils were nearly covered with exudation.

Dr. Williamson defined the difference between Apis mellifica and Apium virus, and stated that the provings were made with the latter.

Dr. Walker had last March and April about forty cases of diphtheria to treat. When there is a great pain in swallowing Lachesis, two hundredth, has almost magical effect. Lycopodium has more effect when the left side is principally involved. He has used Mercurius iodatus when the whole throat and fauces, including the glands, are swollen, and there was profuse salivation.

Dr. Richard Koch, of Philadelphia, had a great deal of doubt as to the authenticity of many of the cases reported as diphtheria. He, although not claiming to have a very large experience, had but very few cases of what he would call true diphtheria, and he feared that very many cases reputed as such were simply more or less bad cases of sore throat. True diphtheria was a very severe disease, and completely prostrated the patient.

Dr. Dudley said his experience agreed exactly with that of Dr. Koch, and his opinion on this point also. In a comparatively busy practice he had seen but two cases in twelve months, one of which was brought from New Jersey.

Dr. M. Friese had seen a considerable number of cases, some of them attended with the extreme prostration so frequent in the disease.

Dr. Koch regarded diphtheria as a constitutional disorder, a blood disease, and even in comparatively mild cases the prostration is so extreme that the patient is confined to the bed within 24 hours from the commencement of the attack.

Dr. J. H. Marsden, of York Springs, thought there were many cases reported as diphtheritic that were not really diphtheritic. He had seen such errors of diagnosis in his own section of country. Patches of muco-purulent were mistaken for diphtheritic deposit. He had seen no cases of real diphtheria for years in Adams county. He did not think, however, that prostration was a decisive diagnostic symptom in all cases. He had had a case in his own house in which the

exudation was tough and leathery, and he regarded this toughness as a strong diagnostic symptom. This was years ago. There were many cases of true diphtheria, but there were at the same time a large number of cases of a less malignant form of sore throat, and no doubt many of these passed under the name of diphtheria.

Dr. Cowley mentioned a case in which slight constitutional disturbance was attended with diphtheritic deposit and followed by speedy death.

Dr. Hunt considered the disease a purely constitutional one, and that death occurs, not from local disorder, except, when the exudation extends into the air passages, but from the general disturbance. Ulcerated sore throat proper does not produce such grave general effects, except in rare cases.

Dr. Koch reminded the members that the microscope affords a certain method of differential diagnosis; diphtheritic exudation being fibrinous, while the deposit of ulceration is mucous in its character.

Dr. Fetterhoff mentioned a case in which spots, resembling in their grayish-yellow color the patches on the mucous membrane, appeared on the general surface. Apis seemed to relieve the case very promptly. In other cases the exudation had appeared upon the mucous membrane of the generative organs.

Dr. J. H. M'Clelland stated that he had used Kali bichromicum with excellent effect.

Dr. Cowley asked if mild cases might not be cut short, so that the patient need not be confined to bed.

Dr. Koch said he could only state his own opinion, which was that the course of true diphtheria could not be cut short, any more than the course of a case of scarlatina could be.

Dr. Hunt believed the disease to be contagious, but he was quite sure that its course could be shortened by proper medication.

Dr. Koch did not wish to be understood that the disease could not be lessened or lightened, but he did believe that the disease must run through a pathological course.

Dr. Cowley called attention to the fact that diphtheritic patients were liable to the reappearance of the diphtheritic patches, at subsequent times, these being excited by taking cold. Physicians had come to call these diphtheritic patients, and every physician meets with them.

Dr. J. C. Burgher, of Pittsburg, did not regard this disease as contagious. He was of the opinion, however, that the exudation was altogether disproportionate to the amount of constitutional disturbance.

Dr. Williamson—Dr. Koch has used the word deposit as though he meant to say that the diphtheritic membrane was placed upon the surface of the mucous membrane. Dr. M'Clelland called it an exudation. He agreed with the latter. It is an exudation beneath the mucous membrane. We often use the word "like," and there are various degrees of similitude. Thus cholerine is more or less like cholera. Thus, too, some cases of ulceration of the throat approach more and others less towards diphtheria, with more or less simulation of diphtheritic appearance. There is a peculiar odor in diphtheria which few who have noticed it can ever mistake. Dr. Williamson then gave the indication for the use of *Croton tiglium*, as follows: Not much, if any, hoarseness; not much difficulty of swallowing, but excessive exhaustion, perhaps coming on with alarming suddenness; this latter symptom, however, he did not regard as a characteristic symptom of *Croton*.

Dr. M'Clelland observed that different opionions had been expressed by the members regarding the duration and severity of the disease. First, that it always induced complete prostration, and ran an uninterrupted course; second, that the patients are about and on their feet shortly before death. He believed that diphtheria, like other diseases, differed in its duration and severity, and could be modified and cut short by appropriate treatment. He regretted to see so much difference of opinion among physicians respecting the symptoms of this malady. He deemed it a matter of certainty that there was a constitutional disturbance which was the cause of all the local difficulty, and of death in the large majority of fatal cases.

Dr. J. F. Cooper said that at the very outset of many of his cases there were undoubted evidences of serious blood poisoning. The effects on the general system showed it to be so. In addition we have embolism, heart clot, ulceration of the stomach. Sudden collapse and sudden death point to the same conclusion, A rash resembling in some respects that of scarlatina, occurring on the large joints and other portions of the general surface, also confirmed the supposition. He had used a number of remedies in combating the disorder among which he would mention mere *Mercurius iodatum*, *Kali bichromicum*, *Rhus and Lachesis*. He was confirmed in the opinion that the local trouble was an outgrowth of a more deeply seated disorder.

Dr. Cowley narrated two cases in which a peculiar deposit upon the fingers was followed by an attack of diphtheria.

Dr. Koch recommended *Iodide of Arsenic* in cases of mercurialization.

TOBACCO.*

Dr. Burgher did not like to hear his old friend abused without just cause. He had used it for forty years and thought he might use it for forty years longer. Some of the healthiest men in the country are users of the weed, and Hahnemann himself, the founder of our system was an inveterate smoker and drinker of coffee. The use of the drug, if you choose to call it such, may be hurtful to the system, but it seemed as if the system became tolerant of its effects. Nor did he believe that all the diseases ascribed to tobacco were justly attributable to it.

Dr. J. F. Cooper said that the words nasty, dirty, filthy, are the best words to apply to the habit. Probably the abstaining from the use of tobacco by a person habituated to its use would be more apt to shorten his days than if he were to continue the habit.

Dr. Preston said that Hahnemann bore as strongly against the use of tea and coffee as he did against tobacco. He wished to call the attention of the society to the fact that Dr. Wood drinks tea.

Dr. Wood said he had seldom used tea or coffee during the past forty years.

Dr. Cowley believed the habit to be hurtful in some cases while in others it was not so when used judiciously.

Dr. M'Clatchey said the paper of Dr. Wood would carry a good deal of weight with it, if the symptoms and conditions he had detailed were clearly attributable to the use of tobacco, and never occurred to persons who do not use it. But we, as physicians, know well that we frequently meet delicate, puny and miserable children who have neither touched nor tasted tobacco, and we meet with many clouded intellects in those who have never indulged in the use of the drug. And the fact remains as evidence that tobacco is not injurious necessarily; that the world is ruled to-day by the sheer force of the intellect of men who are users of tobacco.

Dr. Dudley—A man has a right to acquire any habit that does not interfere with the health and happiness of his fellow beings. He thought Dr. Wood took proper grounds in relation to the use of tobacco. He knew sometimes persons ceased visiting the office of physicians who habitually smoke then, on the ground that they got sick there. It is a great offence to many persons. Men who smoke necessarily put the smoke

* Discussion before the Pennsylvania Homœopathic Medical Society.

of the noxious weed into the faces of ladies and gentlemen to whom it is very disagreeable.

Dr. Koch—If people must smoke let them use Havana tobacco. Kentucky tobacco contains seven per cent. of nicotine, Virginia tobacco eight per cent.. while Havana tobacco contains but two per cent.

Dr. Charlton asked Dr. Burgher whether he requested his patients suffering from chronic diseases, who used tobacco, to desist from its use while under treatment.

Dr. Burgher replied that he did not believe the use of tobacco interfered with the action of homœopathic medicines. He thought that tobacco might be an antidote to some drugs, but not to all. He did not approve of persons using tobacco where it is offensive to others, nor of physicians using tobacco in their offices.

Dr. H. F. Hunt thought we had abundant evidence that it is not hurtful to the system. During the prevalence of epidemic diseases, and in malarious districts, tobacco is in a measure a protection of the system.

Dr. Marsden said the discussion developed that the friends of the weed are the users of it, while those who did not use it objected to its use. He had been formerly a user of tobacco. It affected differently different individuals, and some people seemed peculiarly exempt from its injurious effects, just as with other drugs. When he used it in his youth it made him nervous, his hands trembled and he could not perform his duties properly, and he had a gnawing at his stomach. During his pupilage he returned to the use of the weed, and found his nervousness returning and again ceased to use it. He is now in his seventieth year and his hand is perfectly steady.

Dr. Dudley described the dyspepsia produced by the excessive use of tobacco on its sudden discontinuance. The gnawing pain in the epigastrium, sleeplessness, loss of appetite, nervous tremens, headache, depression of spirits, costiveness, coated tongue, etc., are symptoms. Nux vomica in a low potency cures this chain of symptoms, and he knew of no other remedy that would cure.

Dr. John E. James said that notwithstanding all that had been said those who used it would continue to do so, and notwithstanding its bad effects those who use it manage to survive. He thought that too much time was being spent in discussing this question.

On motion the discussion was discontinued.

CAUSTICUM IN CROUP.

BY E. C. PRIGE, M. D, OF BALTIMORE, MD.

My attention was first called to the above medicine as a remedy in croup, by my friend, Dr. Charles F. Heermann, but he mentioned no characteristics, and gave it empirically in all cases of catarrhal croup, as he said, with uniform success.

On the 24th of Nov. 1872, I was called in haste, about noon to see a delicate, nervous little girl about 11 or 12 years old. I found her with pulse 140, croupy cough and croupy respiration, the peculiar sawing respiration of *Spongia*. She had been suffering with the disease for three days. They had been giving her domestic remedies. The father and mother left her and went to church, and while they were away she became so much worse that the other children thought she was dying. Gave *Aconite* and *Spongia 30*, in alternation every half hour, and left *Kali bichromicum 1st x.* to be given if she became worse. Next morning found her no better. She became worse in the night and they gave the *Kali bichromicum*, with only temporary relief. Pulse still 140. Cough no better. She complains of a *sensation of rawness in the throat when coughing*. Gave *Aconite* and *Causticum*, each 30, in alternation. Next morning pulse 116, a great deal better in every respect. Repeated the medicine. On the 27th found her still improving. *Causticum* and *Phosphorus* were now left to complete the cure. The sensation of rawness in the throat is a very common symptom in croup. *Causticum* and *Argentum metallicum* both have it, while *Phosphorus* has soreness in the throat after dinner. No doubt the "rawness of the throat" during cough will be found to be the "key-note" for *Causticum* in croup.

Like Dr. Heermann, I have frequently sent it to patients who have sent for "croup powders" without sending any symptoms, and it has generally had the desired effect. I have almost always given it alone, but in the above case the fever was so high that I preferred to alternate *Aconite* with it.

Some of my medical friends to whom I have mentioned it, have been equally successful. I would only think of giving it in catarrhal croup.

I have never known a patient with membranous croup complain of the rawness of the throat when coughing. That symptom might appear after the false membrane was dislodged; if it did, I would give *Causticum*.

NEURALGIA OF CHEST.

BY R. C. SMEDLEY, M. D.

Mrs. S., middle-aged, called on me in September last with a neuralgia of the chest, from which she has been suffering for many months. She described it as a painful stitch or "catch" from the left side of sternum opposite the nipple, passing around under the left mammæ to the lower edge of left scapula, at which point there was great soreness and tenderness; could not lean against anything. Worse soon after lying down, while lying on the affected side, and on awaking at night, when it would continue till morning. Better during the day after commencing to move about. Dull pain down the left arm, while still, but darting, when moving the arm. While breathing, and especially when taking a deep inspiration, pain would shoot from affected spot in left chest to the shoulder and down the arm to the fingers. *Cimicifuga 5th dec.*, four times a day cured in two weeks.

This pain from left chest to shoulder and down arm I have verified on several occasions as a characteristic of *Cimicifuga*, curing with it after *Spigelia* had failed.

NASAL DOUCHE.—Seyfert's rules for safe application:

1. The vessel containing the fluid to be injected must *not be higher* than the patient's forehead.

2. The forehead *must not* be inclined forward; if it is too much inclined, the fluid enters the frontal sinuses.

3. The fluid used in every case must be tepid, and, in bad weather, the patient should not leave the room for a quarter of an hour after the use of the douche.

Colleges, Societies, etc.

MEDICAL UNION.

A tendency toward union is one of the characteristics of the age. The principle of "nationality" has led, within a very few years, to the consolidation of Italy and the revival of the German Empire. Ecclesiastical bodies have manifested an anxiety to obliterate the dividing lines of hostile communions. In our own country, we have seen two rival bodies of Scotch Presbyterians unite to form the United Presbyterian Church; and the once bitter schism that separated the Presbyterian Church into the Old School and New School communions is healed, and in a fair way to be forgotten. But, although the aspirations of centuries have borne fruit in the actual unification of nations, and though sanguine churchmen predict the ultimate union of the Anglican, Roman and Greek communions, few have ventured to dream that the differences of doctors of medicine would ever come to an end, and the "regular" physician lie down, so to speak, with the homœopathic lamb. The hostility between these two schools of medical science has been intense, and has apparently arisen from causes which could not be removed save by the *absolute surrender of the distinctive principles* of one or the other school. (1.) The regular physician has so often and so plainly proved the homœopathist to be the worst of quacks, and the homœopathist has so conclusively shown his rival of the elder school to be a bigoted adherent of a system of exploded follies, that there has seemed to be no possible ground upon which the two might meet and be reconciled. Nevertheless, a movement toward that end has actually been begun by certain prominent homœopathists of this City, who have established a review which supports the doctrine that "it is the right and duty of every qualified member of the medical profession to use his own judgment as to the proper methods to be adopted for the cure of his patients." (2.)

In discussing the possibility of a treaty of peace between the

hostile doctors, it must be borne in mind that the homœopathist of to-day differs widely from the original disciples of HAHNEMANN. (3.) When homœopathy first appeared, its practitioners believed in the potency of infinitesimal doses; (4.) adopted, without any reservation, the doctrine that *similia similibus curantur;* (5.) and deduced from the Hahnemannic theory, that "the totality of the symptoms constitutes the disease," the corollary that the physician need never trouble himself to make a diagnosis, and that hence he need know nothing of physiology. (6.) To enumerate the symptoms of a patient, and to consult the pages of JAHR for the corresponding remedies, was the whole duty of an original homœopathist. (7.) We can easily perceive why the "regular" school looked upon this sort of practice as quackery pure and simple.

But a great change has since passed upon the homœopathist. To-day he is, as a rule, as thoroughly educated as is his rival. (8.) While a few purists still cling to the theory of the efficacy of high dilutions, the average homœopathist prescribes doses that are quite as powerful as those of the "regular" physician. (9.) He may give his nominal assent to the theory that the totality of the symptoms constitutes the disease, but practically it has no influence upon him, and he bases his practice upon a thorough diagnosis, and prescribes such remedies as experience has taught him are suited to the disease in hand. (10.) Meanwhile, his rival has partially modified his own practice. He has to a great degree abandoned the use of venesection, and has grown less lavish in dispensing calomel. He has, moreover learned that medicine need not necessarily be clumsy in bulk, and nauseous in taste. Though he does not call his remedies by the names used by the homœopathist, yet each uses precisely the same *materia medica.* In short, the two schools, which originally were diametrically hostile in theory and practice, now *differ in name rather than in fact*, and in most important respects there is *little real difference between the practice of an accomplished regular physician, and that of the intelligent homœopathist who has abandoned the use of infinitesimal remedies.* (11.)

It does not, therefore, seem entirely hopeless to look for the day when the rival doctors will cease to edify the public by denouncing one another as quacks and butchers, and will consent to recognize the honest, capable physician, whatever may be the college from which he receives his diploma. At present this feud is not only unworthy of liberal-minded men, but it really works an injury in that it debars the physician of one school from using the valuable discoveries of his rival. (12.)

The broad principle that the physician should "use his own judgment as to the proper methods to be adopted for the cure of his patients," furnishes a ground of union for the intelligent adherents of either school. The effort now making toward medical union upon this principle is one which will commend itself to common sense, and may yet lead to the burying of the hostile scalpel, and the smoking of properly-medicated pipes of peace.—*New York Times Feb. 7th.*

REMARKS.

This editorial presents intrinsic evidence of its having come from the pen of a physician, and that this physician is a reconstructed homœopath, is equally evident. As these statements are *ex parte*, we can not leave them unchallenged.

1. Why is an "absolute surrender of the distinctive principles" a *sine qua non* for the cessation of the "hostility?" Surely, morals are at a low ebb when the surrender of principles can be conducive to any good end. Indeed, when any end is to be purchased by such means, it is too plain that policy is deemed of more value than probity.

2. We are to have no surrender, then; we can be at peace by using our "own judgment:" in treating our patients. The charm of this lies in its simplicity. Your "judgment" leads you to adopt a "regular" method, mine urges me to a homœopathic, and there must be no "hostility," because it is your "right and duty," and my "right and duty" to use your own and my own "judgment:" verily, if the "regular physician" cannot be satisfied with this, he *is* hard to please.

3. "The homœopathist of to-day differs widely from the original disciples of Hahnemann. *Differs.* "I thank thee, Jew, for teaching me that word!" However, we will pass on and consider this "differs from."

4. Most assuredly they "believed in the potency of infinitesimal doses—in fact, had it knocked into them, and to this day have, when they are competent, to "go for" disease with a rifle instead of a duck-gun.

5. Aye, and adopt it "without any reservation" to day when they talk of homœopathy, homœopathic, *homœopathist.*

6. We earnestly challenge a single citation from any homœopathic writer to substantiate this. A *kind* of croup, a *kind* of

dysentery, a *kind* of intermittent fever, were the diagnoses tolerated and advised by Hahnemann. That such a diagnosis as "croup," "dysentery," "intermittent fever," was only vain pedantry is just that which Hahanemann taught; and *to a homœopathist the teaching is valid to-day.*

7. *And is to-day "the whole duty of a homœopathist."* Homœopathy as an *art* requires no more than this. But, what is required "to enumerate the symptoms of a patient?" If the enumerator does not know the symptoms of the normal can he recognise those of the abnormal? Can, and does every patient state all the symptoms? Are there none which only the eye of the physician can discern? Most surely; and as a homœopathic prescription is based upon "the *totality* of the symptoms" only he can make a homœopathic prescription who is competent to "enumerate" the totality of the symptoms. To practice homœopathy, then, requires more than a layman and "the pages of JAHR," for the very enumeration of the symptoms in their totality necessitates a knowledge of physiology and pathology. That many a layman, and woman too, with "a box and book" should beat many a "regular physician," tells not so much against homœopathy as *in favor of the educated regular!*" But, homœopathy consists in a "qualified member of the medical profession," a properly cultivated "judgment," and "the pages of JAHR;" and what will such an one accomplish if an unqualified layman, an untutored "judgment" and "the pages of JAHR," suffice to distance the "regular" adept in physiology and diagnostics? Indeed, lay homœopathy is very rude!

8. We take his word for this, and are happy for once to be in accord with him. We are also more than happy to hear this testimony to the efficiency of *our* colleges. The poorly educated homœopathists of the past were graduates of "regular" institutions; but to-day they come from our own "thoroughly educated." Well done we!

9. Now we come to the grand secret, for we find that all this time he has been considering "the *average* homœopathist." Verily, we are at one with this anonymous physician after all.

He speaks for "average homœopathists" and evidently with the authority of one who knows.

"While a few purists still cling to the theory of the efficiency of high dilutions, the average homœopathist prescribes doses *that are quite as powerful as those of the 'regular' physician*." Evidently an "average homœopathist."

10. "He may give his nominal assent to the theory that the totality of the symptoms constitutes the disease, but *practically it has no influence upon him, and he bases his practice upon a thorough diagnosis*, and prescribes such remedies as experience hsa taught him are suitable to the disease in hand." A very "average homœopathist." That totality of the symptoms which is the *sine qua non* of a homœopathic prescription "has no influence upon him." "*He* bases his practice upon a thorough diagnosis." He prescribes *from* "experience" *for* "a thorough diagnosis." May not the true "average homœopathist" bring an action if we say that he is such an one as this? For the sake of safety we will not make the assertion.

11. "There is little real difference between the practice of an accomplished regular physician, and *that of the intelligent homœopathist who has abandoned the use of infinitesimal remedies*." The frankness of this confession is equalled only by its truth.

12. Here we take issue and speak for our side. We are not debarred "from using the valuable discoveries" of the other side. Indeed, in most of their discoveries we find more to use than they do. For instance Dr. Crichton Browne, of the West Reading Insane Asylum, made the valuable discovery that Chloral hydrate produced purpura. "Hands off!" "Danger!" is the lesson derived by his school from this "valuable discovery." We who are not "average homœopathists" will now "prove" this Chloral hydrate, and then tell all time just what cases of purpura Chloral hydrate will cure. *This* "valuable discovery" the "regular physician" will be debarred from using until Anstie, of the *Practitioner*, makes the other "valuable discovery" that Chloral hydrate in large doses is a spoliative, and in small doses a tonic—yes, the Ipecacuanha-trick will be played again and again, and

"the intelligent (?) homœopathist who has abandoned the use of infinitesimal remedies" will shut his eyes and say Amen for the sake of medical union.

Although the medical heathen may rage, the people will not imagine a vain thing. In the past they have proven Homœopathy pure and simple; they support it in the present; they will demand it in the future, and no medical union purchased by the sacrifice of its principles can meet this demand.

The aspect of the times is significant. In the past homœopathy was obliged to do battle for its therapeutic law. Now that law is forcing itself upon the Ansties, Ringers, and Harleys of Old Physic. They cannot avoid it; their experiments upon the healthy with the single remedy have one inevitable end: a demonstration of the truth that a drug will produce conditions similar to those which it cures. They may and will change names. Ipecacuanha is not homœopathic to vomiting, Oh no, it is only a "tonic." Let them go on, for, despite the hocus-pocus of their re-christenings, Ipecacuanha will remain the same old puker to the crack of doom, and while we relieve the pukist with it the homœopathicity will continue even as long.

But through this hocus-pocus of re-christening the battle ground will be changed. They will absorb our law, and then homœopathy will have to fight for its name on the field of Posology. In the doses of the regular school our *Lycopodium* will remain nearly inert; our *Carbo veg.* will not produce the thousand symptoms at which Pereira laughed. If the "regulars" will even come up to the plane of Dr. Black's sixth dilution we shall still retain a distinctive name and practice by a *plus ultra* infinitesimalism on which they cannot lay hands without breaking the eighth commandment.

When they do this we—why, God bless you! we'll sing *Medical Union* so loud that the very angels will hear, and not be ashamed; for it will not be bought at the price of any principle: the only UNION on which Heaven can smile.

S. A. J.

BUREAU OF SURGERY, AMERICAN INSTITUTE OF HOMŒOPATHY.—This Bureau of the American Institute of Homœopathy has selected "Diseases of Bones, and their medical and surgical treatment," as the subject for discussion at the June session in Cleveland.

The work of preparing papers has been divided as follows:

1. Paper on *Necrosis*, by L. H. Willard, M. D., and papers on *Caries*, by C. P. Seip, M. D., from the Pennsylvania State Society.
2. J. H. McClelland, M. D., *Reproduction and Repair of Bone.*
3. J. B. Bell, M. D., on *Neuralgia and Bone pains.*
4. N. Schneider, M. D., on *Mollities Ossium, Rachitis and Fragility of Bones.*
5. M. W. Wallens, M. D., *Suppuration and Abscess of Bone.*
6. H. F. Biggar, M. D., on———
7. Wm. Tod Helmuth, M. D., *Surgical operations upon Bones.*
8. E. C. Franklin, M. D., on *Bone Tumors, Benign and Malignant.*
9. J. J. Detwiler, M. D., on———
10. Surgical Instruments and a synopsis for reading before the Institute, by the chairman.

All the surgeons present will be expected to aid in a thorough discussion of the subject, and the members generally are urged to familiarize themselves with the subject so as to take part intelligently in discussing it.

BUSHROD W. JAMES, M. D., *Chairman.*

NEW YORK HOMŒOPATHIC COLLEGE AND OPHTHALMIC HOSPITAL COMMENCEMENT.

The commencement of the New York Homœopathic Medical College and Ophthalmic Hospital, was held at Association Hall in that city on the evening of Feb. 27th. The hall was well filled with an audience composed of both friends and foes of Homœopathy. The exercises opened with a prayer by Rev. Hugh Miller Thompson, D. D., of Christ's Church. Prof. J. W. Dowling, M. D., Registrar of the College then read his Annual report. After speaking of the advances made by Homœopathy in New York, he adverted to the fact that the New York Homœopathic Medical College, has been the first to introduce the graded course system of study. By this method students are examined at the end of their first course on the less important branches of study, and if satisfactory, receive certificates which exempt them from submitting to the same examinations again; thus, during the last year they are able to devote their time and attention to the more important branches of instruction. Prof. Dowling refered to the many applications he had received from ladies for admission. The college has always been, and would continue an institution in which the science of medicine could be studied by males alone. He spoke of the

advantages for surgical clinics enjoyed in the New York Homœopathic College. These are held weekly, and rarely has Prof. Helmuth, during the three hours he devotes to the clinic, been able to attend to all the patients who present themselves for treatment. The Registrar announced that a large building on Gramercy Park had just been purchased for $60.000, and would we opened in a few weeks as a Surgical Hospital. The Ophthalmic Hospital was relieved from all debt by the $100.000 donated by Mrs. Emma E. Keep, and though the building is very spacious, so large is the number of patients that the trustees have been obliged to add to the Hospital. In conclusion he said, the number of matriculants for 1872, was 103, this is 20 in advance of the preceding year. Of the 103, 35 received the degree of Doctor of Medicine. The examinations had been very rigid, and he thought those gentleman who received diplomas, had earned them.

S. H. Wales Esq. President of the Board of Trustees of the College, then conferred the degree of Doctor of Medicine on the following

GRADUATES.

J. E. Anderson, Florida.	R. Heber Bedell, N. Y.	W. W. Bennett, D .C.
F. H. Bradner, N. Y.	Chas. R. Brown, Mass.	U. H. Brown, N. Y.
Jos. H. Buffum, Pa.	Chas. E. Chase, N. Y.	L. W. Cole, Conn.
C. M. Conant, N. Y	Wm. L. Fleming, N. Y.	John F. Griffin, N. J.
A. H. Hasbrouck, N. Y.	Dexter Hitchcock, Conn.	B. C. Howland, Mass.
Dwight B. Hunt, N. Y.	Chas. E. Jones, N. Y.	Asa W. Jaynes, N. Y.
G. W. Lawrence, N. Y.	Chas. A. Libby, Mass.	S. C. Osborne, N. Y.
H. I. Ostrom, N. Y.	G. W. Richardson N. Y.	F. R. Schmucker, Pa.
Daniel Simmons, N. Y.	Theo. V. Smith, N. J.	Geo. E. Tytler, N. Y.
M. A. Wilson, N. Y.	Burdett Warren, N. Y.	H. Waters, Canada.
F. G. Welch, Mass.	H. A. Worley, Iowa.	W. H. Krause, N. Y.
W. B. Perkins, Me.	Geo. B. Ross, N. Y.	

Prof. H. D. Paine, M. D., Secretary of the College, presented certificates to the successful candidates of the graded course.

Graded Course.

G. A. Adams, N. H.	D. A. Babcock, Mass.	R. A. Bennett, N. H.
L. L. Brainard, N. Y.	E. E. Case, Conn.	L. B. Couch, Mass.
O. H. Crosby, Mass.	G. M. Flagg, Mass.	Theo. Foote, N. Y.
G. S. Farmer, N. Y.	H. Gilbert, Canada.	C. S. Kingsbury, N. Y.
C. J. Miller, N. Y.	H. C. Rounds, N. Y.	Wm. Silleck, N. J.
H. C. Smith, N. Y.	E. P. Strunk, N. Y.	W. H. Tobey, N. Y.
J. E. Tufts, N. Y.	R. K. Valentine, N. Y.	C. E. Vancleef, N. Y.
	J. P. Whitehead. N. J.	

The Valedictory address on the part of the graduating class was delivered by Dwight B. Hunt, M. D. This was followed by the Valedictory on the part of the Faculty, by Prof. T. F. Allen, M. D. Dr. Allen after proving that medicine was not a science until the discoveries of Samuel Hahnemann, elevated it to that position, spoke feelingly of the dishonesty of members of the old school. In public they are very bitter against Homœopathy, but in private many of them carry homœopathic remedies and administer them according to the law of "Similibus." Such however were deserving of less respect than those old school physicians who advertised to practice similars or contraries according to the desires of the patient. His address showed great culture and study, and was greeted with continued applause. Dr. Allen concluded with a most touching address to the graduating class. It was full of advice gleaned from his large experience; which will doubtless prove of great value to

both layman and physician. His kind and cheering words will in future years be remembered by many who heard them, and if trouble be their lot, will sustain them in their deeds of mercy. Diplomas to the successful candidates of the Ophthalmic Hospital were presented by Thomas C. Smith, Esq., to the following gentlemen :

Dexter Hitchcock, M. D. C. R. Norton, M. D. H. W. Westover, M. D.
Dwight B. Hunt, M. D. W. A. Phillips, M. D.

The music during the exercises was rendered with exquisite skill, and formed a suitable background for the graver business of the evening. After all was concluded at the hall, the Professors and Graduates repaired to the Hoffman House, where a delightful supper was served. Many brilliant toasts and speeches were made by Professors and students, the former laying aside the dignity of his position, to become as a student once more. The Annual commencement suppers of the New York Homœopathic Medical College, are a fitting end to the hard weeks of study preceeding, and will long be remembered by all who partake of their pleasures.

I neglected to state that Prof. Allen awarded a beautiful gold medal to Dexter Hitchcock, for an original proving in Materia Medica.

HOMŒOPATHIC HOSPITAL COLLEGE OF CLEVELAND, O.

Dr. E. A. Lodge, Dear Sir :—My object in communicating with you at this time is for the purpose of correcting an error in your report of the late Commencement proceedings of the Cleveland College,(Homœopathic.) Will you therefore in your next issue correct the matter.

The annual prizes given were not bestowed by the Hahnemann Society, but by the College, and at the regular College commencement exercises. While making this correction will you be good enough to add that the list of matriculants numbered 94. The closing scene of the proceedings wound up with a handsome banquet at the Kennard House, to which some 250 guests sat down. Prof. N. Schneider, Dean, in the chair. During the course of the evening, sundry toasts were given and handsomely responded to. Later in the evening some vocal music from several of the graduating class, tended to add much to the enjoyment of the occasion. A response ably given, likewise a song from the veteran Prof. O. A. Blair, is also worthy of note. The remarks of Prof. Blair were in response to the toast "*Progress and Reform.*"

Our new Hospital is now open and in full blast, and is located in the immediate vicinity of the new College building, both of which are now centrally located ; in the heart of the city. With our new and increased facilities we hope to still command as of yore, and prove ourselves worthy of the generous patronage that has been bestowed upon our Cleveland College.

Thanking you for the favorable manner in which you have noticed our Commencement exercises, I ascribe myself, Yours very respectfully,

C. H. VON TAGEN, M. D., *Registrar.*

HAHNEMANN MEDICAL COLLEGE CHICAGO.

GRADUATES.

Name.	Residence.	Title of Thesis.
Bascom, H. M.	Illinois.	Entozoa.
Blackman, O. B.	Illinois.	Digestion.
Bollen, Geo.	Australia.	Diphtheria.
Boulter, Mrs. S. E.	Indiana.	Obstetrics.
Breed, G. H.	Illinois.	Chorea.
Brown, C. W.	New York.	Entozoa.
Clark, W. E.	Michigan.	Eucalyptus.
Cogswell, Geo. E.	Iowa.	Variola.
Currier, L. M.	Illinois.	Observation as an Art, and [its application to the science of medicine.
Delamater, N.B.,A.M.	Illinois.	Hay Fever.
Dietrich, F. A., M. D.	Illinois.	Nervous Affections.
Gilbert, Thos. W.	Ontario.	Oxygen as a medicine.
Gravel, Miss G. H.	Ontario.	Can a woman be a Physician?
Hawley, Miss A. M.	Penn.	Scarlet Fever.
Home, F. B.	Iowa.	Coryza.
Johnson, S. A.	Michigan.	Lycopodium.
Kanouse, A. W.	Wisconsin.	Bryonia.
Kridler, S. R.	Illinois.	Bronchitis.
Luton, R. M.	Michigan.	Fœtal respiration.
Magee, Miss H. E.	Illinois.	Iberis,
Manning, E.	Illinois.	Parturition.
Mellen, W. A.	Illinois.	Pneumonia.
Miessler, E. G. H.	Illinois.	Variola et Varioloides.
Mills, J. P.	Michigan.	Gelseminum.
Paine, R. K.	Minnesota.	Morbus Coxarius.
Parker, Miss C. L.	Illinois.	Nervous System.
Pratt, E. H.	Illinois.	Report of a case.
Safford, J. P., M. D.	Iowa.	Burns.
Seymour, Abby J.	New York.	Vaccinia.
Shouse, H. C.	Illinois.	Erysipelas.
Sinclair, M. C.	Ontario.	Gastritis.
Spork, Mrs. Emily.	Illinois.	Cholera Infantum.
Springer, F. O'Dee.	Canada.	Food and its relation to work.
Stinson, Chas. E.	Illinois.	Veratrum Viride.
Sutherland, O. O.	Wisconsin.	Bryonia.
Vilas, Chas. A.	Wisconsin.	Vision.
Vincent, Thos. G.	Wisconsin.	Stricture of the Urethra.
Whitefield, H. A.	Michigan.	Living Matter.
Williams, Rachel G.	Ohio.	Why women should study [medicine.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

The twenty-fifth Annual Commencement was held at the Academy of Music, Philadelphia, on March 10th 1873. The Valedictory address to the Graduates was delivered by Malcolm Macfarlan, M. D., Professor of Clinical Surgery. We regret that we have only space for the following paragraphs from this address :

The fundamental principle of homeopathy is its claim, that is a law of cure in medicine corresponding to the fixed laws of natural science. Like them it was discovered and verified by diligent and patient investigation, and when discovered a flood of light for the first time was thrown on the rationale of recorded cures that had been effected by unwitting application of its principle of similars. The germ of the discovery has been already alluded to in speaking of the investigations made by the master into the properties of cinchona, by provings on himself and others. In these investigations only one medicine was proven at a time, proceeding on a truly scientific or certain basis. The same rule of giving one medicine at a time has been enjoined by Hahnemann and adopted by his followers in prescribing for the sick. It is also well known by medical men that those medicines antidote each other which have a close resemblance in effect. Admitting, after trial and proof, the law of the similars to be true, it follows, therefore, that he who will prove any one medicine on a number of healthy persons, to get the symptoms of that drug alone, (classified symptoms, common to all of the provers,) will be enabled to treat or cure similar symptoms, when occurring in the sick.

But be careful to note the difference between identity and similarity. It is the taunt of our enemies to say, that according to out theory, when one is poisoned by a certain drug, he must take more of the same to cure him. The folly and dishonesty of this charge are too well known by you to need refutation, for it is clear that any increase in the identical cause of disease must be followed by increased aggravation of the symptoms. On the contrary, homeopathy *has* proven, and *will* prove to any honest and competent investigator, that drugs or other remedial agents will *cure*, in the sick, symptoms similar to those which they *produce* in the healthy. One medicine will antidote the evil effects of another, but not the evil effects of itself, showing that there must be a correspondence between the cause of the disease treated and the medicine or remedy given, and the closer the similarity—but not identity—the better the prospects of a cure. The correct translation of our motto expresses the idea. Homœopathy, like every other exact science, progresses from certain fixed principles in a regular and gradual order, developed and improved by time and research. We are not able as yet to make a perfect application of its laws, as it is being built slowly on the sure foundation of experiment and the knowledge of truth.

GRADUATES.

Name.	Residence.	Subject of Thesis.
Jas. O. Banks,	*Philadelphia, Pa.*	Cholera Infantum.
Albert T. Beckett,	*Philadelphia, Pa.*	Diseases of the Eye.
A. H. Birdsall,	*New York, N. Y.*	Sphygmograph.
Benj. F. Bronson,	*Albion, N. Y.*	Skin Diseases.
M. C. Bragdon, A. B.,	*Chicago, Ills.*	Value of the Microscope.
I. B. Chantler,	*Pennsylvania.*	Hydrocele.
R. E. Caruthers,	*Pennsylvania.*	Repair of Fractures.
B. Climenson,	*Philadelphia, Pa.*	Labor.
D. M. Castle,	*Philadelphia, Pa.*	Future of Homœopathy.
C. D. Clawson, M. D.,	*Canoga, N. Y.*	Cell Doctrine of Homœopathy
H. B. Drake,	*Detroit, Mich.*	Typhoid Fever.
G. E. Davis, A. B.,	*San Francisco, Cal.*	"Aude Sapere."
E. E. Dunbar,	*Erie, Pa.*	Dislocations.
M. B. Tuller,	*Vineland, N. J.*	Homœoparhy.
N. T. Jerman,	*Smyrna, Del.*	Ptelia Trifoliata.
J. Grosscup,	*Slatington, Pa.*	Typhus Fever.

E. P. Gregory,	*Derby, Ct.*	Autopsies. [Ovaries.
F. Hines,	*Wilmington. N. C.*	Functions and Diseases of the
F. Hiller, Jr.,	*San Francisco, Cal.*	Ideas on Spontaneous Gen-
R. L. Hoffmeier,	*Manchester, Md.*	Hydrops. [eration.
G. R. Knight,	*Somerton, Pa.*	Homœopathy.
W. F. Kennedy,	*Smyrna, Del.*	Dysmenorrhœa.
R. K. Kneass,	*Philadelphia, Pa.*	Cholera Infantum.
C. H. Leland,	*Boston, Mass.*	Anatomy, its Relation to Man.
S. Long,	*Norristown, Pa.*	Signs of Pulmonary Diseases.
E. Lippincott,	*Kirkwood, N. J.*	Homœopathy in Obstetrics.
J. D. Leckner,	*Philadelphia, Pa.*	Dieffenbachia Seguinea.
A. L. Marcy,	*Chicago, Ills.*	Infancy.
F. E. Murphey,	*Butler, N. Y.*	On the Tongue.
J. N. Mitchell,	*Philadelphia, Pa.*	Menstruation.
S. R. Mowry.	*Centre Dale, R. I.*	Pneumonia.
J. C. McPherson,	*Mumford. N. Y.*	Scarlatina.
J. W. Pratt,	*Springfield, Pa.*	Leucorrhœa.
H.H. Pemberton, M.D.	*Ocean Port, N. J.*	Pericarditis.
S. H. Quint, Jr..	*Camden, N. J.*	Flatulence.
Jas. V. Roberts.	*Philadelphia, Pa.*	
S. S. Salisbury,	*Tonica, Ills.*	Pneumonia.
E. R. Smith, M. D.,	*Nashville, Tenn.*	Direction of Spermatozoa.
E. B. Stephens,	*Philadelphia, Pa.*	Diarrhœa.
J. L. Seward, M. D.,	*Orange, N. J.*	Rhus Poisoning.
C. E. Smith.	*York, Pa.*	Phthisis Pulmonalis.
L. D. Tebo,	*Philadelphia, Pa.*	Inherited Disease.
C. H. Thomas,	*Baltimore, Md.*	Infantile Mortality.
H. A. Underwood,	*York Springs, Pa.*	Scarlatina.
G. W. Van Derveer,	*Woodbury, N. J.*	Digestion.
C. E. Walker,	*Nantick, Mass.*	Medical Education.
J. Wandell,	*Philadelphia, Pa.*	Green and Melænal Discharges from the Bowels.

Total, 47.

PULTE HOMŒOPATHIC COLLEGE.

The following paragraphs we were obliged to omit from the account of commencement of this college on page 231.

In presenting the diplomas, Judge Storer made the following remarks to the graduates :

" GENTLEMEN—I can not tell you how highly I feel honored by those who have appointed me to confer upon you the degrees which your Professors have said you are entitled to receive. You are the first fruit of their labors in this institution, and the Trustees and the public have a right to claim that in giving you the authority to practice the noble art of medicine, you will not disappoint our reasonable expectations. Remember that you are entrusted with a most important and noble office ; when you burn incense upon the altar, take care you use no strange fire. Let it be your mission to look to that high principle to which you have been asked to trace all the power you have, in the eloquent and beautiful language of a gentleman who addressed you this evening [Elder Errett.] Take care that you avoid the wrangling disputes which reflect no credit on the profession of medicine ; let it ever be your effort to harmonize differences and elevate your calling. Be true to yourselves, true to your patients, true to society

and true to your God. Let these be your aims through life and you will not disappoint those who now send you forth upon your professional career with their best wishes for your success."

After the conferring of the degrees, Dr. Beckwith read the following which he said was highly gratifying to the Faculty of the College :

"At a meeting of the Trustees of the Pulte Medical College, held on the 12th inst., on motion it was

"Resolved, That the prosperous condition of the institution at the close of its first session reflects honor on the learned and energetic Faculty, who have so untiringly devoted themselves to their varied duties, assuring us they are united in the determination to promote the prosperity and usefulness of the Pulte Medical College.

"Resolved, That we may well be proud of all the professors who have faithfully labored to vindicate the science of Homœopathy in every department of the healing art, and trust that what has been achieved by them in the very infancy of this institution may strengthen them to attain for the future the reward of faithful service.

"Resolved, That the Secretary of the Board of Trustees furnish a copy to the President of the Faculty.

W. L. EVANS,—*Secretary Board of Trustees.*

After the benediction by Rev. Mr. Moore, the company adjourned to the lower floor where an elegant supper was served.

During this part of the entertainment the following toasts were drank :

1. "Samuel Hahnemann."

Drank standing and in silence.

2. "Professor J. H. Pulte.—The distinguished pioneer of Homœopathy in the West and the founder of our school. We miss his genial presence, but do not forget his life-long services, his exalted, scholarly professional and social character. May he soon be restored to health."

Response by Hon. Bellamy Storer.

3. "Our Country.—Under her broad ægis all good things prosper, and Homœopathy not among the least."

Response by George H. Sage, Esq.

4. "The Pulte Medical College.—The latest, but not the least, of the noble institutions erected to promulgate and perpetuate medical truth."

Response by Professor S. R. Beckwith.

5. "The Faculty of the Pulte.—They have labored with well deserved honor and are crowned with abundant success."

Response by Professor J. D. Buck.

6. "The Graduating Class.—The pioneers of a long line of successors who will proudly march in the steps of their predecessors."

Response by Professor G. Saal.

7. "The Undergraduates.—Hopeful candidates for future honors. May we meet them again around this festal board."

Response by Professor N. F. Cooke.

8. "The learned Professions.—May they emulate each other in their devotion to truth."

Response by Rev. Dr. Jeffery.

9. "Our State and National Societies.—They deserve our hearty support, for they give a high character and a wide influence to our profession."

Response by Professor M. H. Slosson.

10. "The Ladies, God bless them.—They are all homœopathic ; they cure what they cause—disease of the heart."

Response by Professor T. P. Wilson.

The company adjourned about midnight

DETROIT HOMŒOPATHIC COLLEGE.

A subscriber writes: "I would like to see a list of Graduates of the Detroit Homœopathic College, will you please publish one?" We therefore print the following:

Asa H. Lovett, Maine.	Frank Boyd, Ohio.	Oscar R. Long, Penn.
Hollis F. Sigler, Mich.	George H. Peck, Ohio.	Sutler J. McLin, Mich.
Ephraim C. Fuller, Mich.	N.J. Newcomer, Mich.	Ann M. McGraw, Wis.
*Kate C. Devere, Mich.	*A. H. Randall, Wis.	*Orrin D. Kingsley, N.Y.
Jacob Long, Ohio.	J. H. Wheeler, Ohio.	Amos G. Chase, Mich.
Durand Linkletter, N.Y.	C. M. Odell, Mich.	J. J. Defendorf, N. Y.
	Jason Turner, Mich.	

Honorary degrees were conferred upon Wm. B. Silber, A. M., Ph. D., Cornelius Ormes, M. D., and Charles H. B. Kellogg, M. D.

* Diplomas withheld for a few months to allow the students to complete the requisite three years' study.

The question is asked: "Why should diplomas be withheld from *Students* who have not completed three years' study in a college that fails to show that all its *Professors* studied three years and attended two full courses of lectures before graduating?"

ANOTHER VICTORY FOR HOMŒOPATHY! LAST NEWS FROM THE CAPITOL OF MICHIGAN.

Since completing last number we have received the following very gratifying intelligence: LANSING, March 19th 1873.

It took just about seven minutes for the House to dispose, in committee of the whole, of the Senate bill for establishing two homœopathic chairs in the medical department of the University. The matter was settled with a startling suddenness. The subject had been made the special order for half-past two, and a fair-sized audience had gathered to hear the fiery discussion, which everybody expected would take place. Eminent physicians of the contending schools had come up in force as a lobby, and the grand tug on this hard-fought question was confidently looked for, and the probability seemed to be that it would use up the afternoon.

Mr. Gilmore, of Lenawee, first proposed an amendment which would have the effect of establishing the homœopathic department at Detroit. Mr. Noyes, of Washtenaw, said he hoped the amendment would not pass. Nobody else said anything, but all preserved a solemn silence. The question was put on the amendment, and it was lost. Another solemn silence was interrupted by a motion that the committee rise and report. This motion cut off discussion of the bill, and it was promptly carried, having the effect of passing the bill, in committee of the whole. The unanimity of the vote on the committee's rising would seem to indicate pretty plainly that the bill will pass the House just as it came from the Senate. H. A. C.

A committee having been appointed by the Legislative to visit the University on March 24th, Representative Gilmore asked for a written communication from the regents, explaining why they had not established Homœopathy in the University according to the law, and why they objected to the passage of the bill placing two Homœopathic chairs in that institution.

The committee, consisted of Messrs. Walker, Willard and Gilbert, made to-day the following report, which was adopted by the Board.

The special committee appointed to prepare an answer to the questions proposed to the Board by the committee of the House of Representatives of Michigan, report the following :

To the Hon. A. D. Gilmore, Chairman of the Committee of the House of Representatives of Michigan :

The Board of Regents of the University, in answer to the questions proposed to it by your committee, beg leave to say :

In answer to the first question as to the sectarian character of instructions in the Medical Department of the University.

That this department was founded 30 years ago when the questions now extant in medicine were comparatively unknown. The professors who founded the department are still with us, having given their life's work to its upbuilding. They and all their colleagues, as is well known, belong to the so-called regular school of physicians, and naturally teach according to their belief. When this Board, 10 years ago, assumed the management of the University, it found the medical school most prosperous and efficient, and it has made no radical changes in its management. It has labored to afford to all students broad and liberal culture in medicine, and to teach general principles common to all medical education. How far any special doctrines of any particular school have been taught instead of general principles, the committee will have fully learned from the testimony of the professors who have appeared before it. No student has been *questioned* in the least as to his peculiar beliefs, or any distinctions made of any character on account of sectarian sentiments in medicine among students. There are homœopathic students in every medical class, who receive degrees upon examination precisely like their fellows, and not a few of our own graduates are now distinguished practicing homœopathic physicians.

Secondly, as the reasons which have influenced the Board in its past action on the subject of homœopathy.

That this has been the vexed question for the 10 years of the administration of this Board ; that it has for that time given its earnest attention and study to this matter, which it has always considered the most troublesome and threatening question affecting the success and prosperity of this, the noblest and most successful of the institutions of the State. The Board in this matter have had no sectarian prejudices, and have only sought the best good of the institution placed by the constitution and the law under its control ; that when in 1867 the Legislature attached to its appropriation of one-twentieth of a mill on the dollar upon the valuation of the State, the "homœopathic proviso," so-called, this Board undertook in good faith to carry out the will of the Legislature. It passed a resolution in April of that year accepting the appropriation upon the condition proposed. The result was that the resignation of every professor in the medical department was placed in its hands. After the most strenuous and earnest efforts to reconcile the matter and retain the integrity of the department, the Board came reluctantly to the conclusion that such a reconciliation was an impossibility, and that the two systems could not exist together in the same institution. Rather than destroy a department which had brought such honor and reputation to the University (it being the largest medical school out of a metropolitan city in the world) the Board receded from its position, and in March, 1868, it undertook to comply with the proviso by organizing a school of homœopathy away from Ann Arbor, and appointed Dr. Hempel one of the professors. The Board then asked for the appropriation from the State Treasurer, but was refused.

Upon an application for a mandamus the Supreme Court decided that a school out of Ann Arbor was not in compliance with the act of 1867, and refused the writ. The Board the appealed to the then Legislature of 1869, stated its reason for non-compliance with the proviso of 1867, and that proviso was repealed, and the accummulated money in the treasury given to the Board with provision for the future.

That in the investigation and study of this matter, which has engaged the attention of the board for so many years, it has come to the conclusion that the causes which, in this country, render the union of two schools in one institution entirely impracticable, are,

1. The intense and irreconcilable feeling of hostility which exists between the different schools of medicine.

2. The thorough system of organization existing in the so-called regular school of medicine extending from city and county to State and National societies, which is so imperious and powerful, that,

1. No professor can teach in a school connected with homœopathy without absolute professional ostracism.

2. No student who believes in the regular system, so-called, will attend such a school, because his studies and lectures in an institution, irregular and unrecognized by these societies will not admit him into the professional ranks of the school to which he belongs.

The reasons are apart entirely from anything peculiar to this State or this University, but belongs to the present position of medical science and ethics in the United States, and can neither be controlled nor ignored by those who are placed in practical charge of living institutions, and for them the Regents can in no wise be held responsible.

The Board will most cordially unite with the Legislature in any practicable plan which shall harmonize this difficult matter."

Regent Willard submitted a minority or rather supplementary report, which is as follows :

The undersigned, while assenting to the above communication as a statement of the facts which have influenced the past action of the Board of Regents in the management of the Medical Department, desires to state that he retains the opinion which he has hitherto indulged, that the appointment of a professor to teach the homœopathic theory and practice of medicine is alike required by the dictates of equal justice to the large class of citizens in the State who patronize such practice, and is justified by a deference to those sentiments of enlightening liberality so characteristic of our Educational System. At the same time he deprecates any action on the part of the Legislature looking to an interference with the internal regulations of the University, or the general management of its affairs, save by way of resolutions or recommendations, since he regards such action to be fraught with great peril to its future usefulness. He believes that to the Regents ought to be left the sole responsibility of dictating the kind of instruction to be given in every department which the Constitution of the State has confided to their charge and control. GEORGE WILLARD.

On March 28, the Homœopathic bill was debated in the House of Representatives and severely contested by the friends of allopathy. All the objections made by them, and the Regents were, fully met and answered, and finally the bill passed, 55 to 23, being more than a majority of two-thirds.

We regret that we have not space in the present number to print the speeches which were made on both sides. As a matter of history they should be preserved. The bill passed both houses and has doubtless been signed by the Governor, *and is now the law.* We trust the Regents will have moral courge enough to enforce it. *The present Legislature are determined that Homœopathy shall not be deprived of its rights any longer,* and the Regents should see it is to the best *interests of the University* that this long controversy shall be settled on just principles. E. A. L.

Obstetrical Department.

ON COMBINED EXTERNAL AND INTERNAL VERSION.

BY J. BRAXTON HICKS, M. D.,*

Physician Accoucheur, and Lecturer on Midwifery and Diseases of Women, at Guy's Hospital, London; President of the Obstetrical Society, London.

Dear Dr. Fordyce Barker :—I see in a reprint of a paper by Dr. W. S. Richardson, read before the Massachusetts Medical Society, that he claims for Dr. Wright the credit of the plan of version by the combined external and internal method, which I brought before the notice of the profession. I had not at the time the original paper of Dr. Wright, which was published in the transactions of Ohio State Medical Society, read June 6th, 1854; but have since received a copy of the transactions which includes it. As one of the Honorary Fellows of the Obstetrical Society, I have taken the liberty of sending you a few remarks; which I should feel obliged if you would read over, and should you feel you can agree with them, perhaps you would kindly take some early opportunity of attracting attention to them, either generally or in the State in which Dr. Richardson read his paper.

In essence, Dr. W. S. Richardson says that Dr. Wright had described in 1854 the plan whieh I set forth in the *Lancet* in 1860, and then he calls the plan "Dr. Wright's Method." On reading over Dr. Wright's original paper, I was not surprised to find that between Dr. Wright's and my plan of turning there was just the difference that obtained between the old cephalic-version plan, and that which I suggested, and it is evident by comparing typical cases of each, which I insert below, that Dr. Wright only used the internal hand, not even mentioning the use of the *external one.* Now the distinctive point of the plan I have introduced was just this, that *both hands are used together*, one supplementing the other,

* A letter to Prof. Fordyce Barker of New York.—*American Journal of Obstetrics, Feb. 1873.*

so that when the internal hand began to lose power the external hand would begin to gain power, and *vice versa*.

This principle was applied by me to both partial and complete version, and it is (as far as I have been able to discover) a curious fact that in the practice of neither German nor other obstetricians has the use of the two hands simultaneously been described. The only use of the outside hand has been hitherto to steady the uterus to prevent recession. This character it is which Dr. Richardson has overlooked, and it is for this that I am desirous of claiming for *myself* whatever of originality it possesses. I may add that, before my description, no author had described *complete* podalic version, without passing the hand internally, with both hands, in such a manner that we might choose which pole of the fœtus should cause to present. Wigand, in transverse presentation, was only able to bring down that pole which was nearest to the os uteri. My plan permits us to elect.

These remarks I make not to the disparagement of Dr. Wright's plan; on the contrary, I consider it is excellent as far as it goes, and the principle of pushing the child along the curve of the inner wall of uterus is well grounded.

This principle was shown by Dr. R. Lee, though he pushed the child from the os uteri so as to cause the knee to present; while Dr. Wright pushes it in the opposite, so that the head is brought near, by which means he seizes the head by the hand, which must of course pass the os uteri. In my plan I need only pass one or two fingers, and bring the head by the external pressure and the internal fingers down to the os, and retain it there till the gentle uterine contractions have confirmed the new position.

The comparison of two cases will, I think, point out the marked difference between mine, "The Combined External and Internal Version," and the plan of Dr. Wright.

The following are the cases alluded to:

CASE 16. From J. Braxton Hicks's work on External and Internal Version.

In this case, premature labor has been induced at the 7th month for contracted brim. At about 36 hours after the introduction of the sponge-tent, the membranes rupturing, I was summoned, and found the os uteri the size of a crown-piece, with the back of the thorax presenting. On passing the two fingers into the os uteri and placing the other externally on the lower part of the abdomen, I was able to make out the head lying toward the right side. By pressing it downward from without it impinged upon the two fingers

within the os, and thus the head could be moved about at will, and was placed at the os uteri. It was then observed that the funis had passed down by the side of the head. I instantly replaced it by the internal hand and pressed the head into the os with the outer hand, which was done with great ease. By continuing the pressure for a half-hour, the funis was permanently kept up and the head remained firmly in the natural position. The pains been feeble and Secale failing to act, the forceps were applied, and the child was born alive and the patient did well.

CASE 18. From Dr. J. Braxton Hicks's work. Cephalic Version tried without success. Podalic Version performed with ease.

On my arrival I found the os nearly fully dilated, but firm; the left arm presenting up to the shoulder, and the head to the right side. The liquor amnii had escaped for a whole day. I pushed up the arm into the uterus with the two fingers of my left hand, and with the other on the outside pressed the head down into the os. However, from the active state of the uterus the face had a strong tendency to present, which continuing would have retarded delivery. I thought it best to deliver by the foot, (as it was not likely to be more disadvantageous to the child.) This I effected by transferring the outer pressure to the breech of the child. After a short time a knee came down to the os uteri, and as soon as I had pressed up the shoulder, which had a great tendency to be forced down, I delivered her of a living child. The patient recovered excellently. I at that time, in commenting on that case, made these remarks: "In this case, no doubt, I should have been more rapid had I chosen podalic version at first. It is not here the place to enter into the relative advantages of one presentation over the other; nevertheless, it seems to be best, all things being equal, to place the child in its most natural position for delivery. This case shows that in a transverse presentation cephalic or podalic version may be produced at will."

Case of Dr. Wright, described by Dr. Walker in the paper of Dr. Wright referred to above. Case of shoulder presentation, escape of meconium, rupture of water some fifty hours previously.

On Dr. Wright's arrival, the arm was suspended from near the center of the superior strait. Dr. Wright proposed cephalic version. The fore-arm, which could be easily moved by the fingers, was extended, and the hand escaped through the os externum with the back anteriorly, the occiput in

front, the face resting on the posterior surface of right iliac fossa, right cheek against the promontory of sacrum.

The body of the fœtus was then moved laterally and upward, by slight force applied to the presenting shoulder, until the breach had ascended to the fundus of the uterus. The face by this movement was made the presenting part. It was readily changed for the vertex; but this change could not be secured without the constant application of the finger to the occiput. Eight hours subsequently, the face again presented, which was not again deemed advisable to prevent. The fœtus was two and a half hours in delivery by the face, and was dead.

Case of Dr. Wright, reported by Dr. Terry. Case of shoulder presentation.

On Dr. Wright's arrival, he found the fœtus presenting with right hand, leg, and funis in the cavity of the pelvis.

He attempted to turn by elevating the shoulder and making traction upon the leg. Failing in this, he endeavored to introduce his hand into the uterus, with a view to obtain control of both feet; but the uterus had contracted so thoroughly around the child as to render it impossible. The doctor then decided to resort to version by the head. The leg, arm, and the funis were successively returned into the cavity of the uterus, and the vertex was brought into the superior strait with the posterior fontanelle behind the left acetabulum. Uterine contraction having ceased, it was deemed advisable to use the forceps; but the head being of too large a size, the forceps failed. The perforator was then used, and the rest of the delivery accomplished by the forceps.

Chloroform had been previously given.

I will not trouble you with further remarks than to say that those who neglect this free use of the external hand in version lose a very powerful assistant, and give themselves a vast deal more trouble, and their patients much more risk of injury, than is at all necessary.

Yours faithfully, J. BRAXTON HICKS.

ERRORS OF DIAGNOSIS—AN HONEST CONFESSION.—*(Pacific Medical and Surgical Journal.)*—Dr. Fortier in the Canada "*Union Medicale*," gives a long and eloquent history of his observations on the case of a female with a pelvic tumor, which blocked up the urethra, vagina and rectum. It was necessary to draw off the urine with a catheter, which finally gave exit to large quantities of pus. The point of a syringe could not be inserted in the rectum. The woman died from

exhaustion. On dissection no uterus was visible—"no more than in the Antrum of Highmore." Convinced that the patient had formerly possessed such an organ, the learned Doctor pushed his search into the pevic basin and found that the tumor was composed of the retroverted uterus, containing a fœtus of four months' growth. When removed it resembled a "large melon," exhibiting no orifice, the peritoneum being stretched over the os so as to present a smooth and continuous surface. And now comes the trouble. Most unfortunately the friends interfered and demanded that he should show them the uterus. How he got out of the scrape we will let him tell in his own way; "After having assured them that the woman was not pregnant, and that it was not worth while to search for the womb which lay concealed in the intestinal mass, I presented to them the uterus intact and exclaimed—'Look! anybody knows that the womb has an outlet. But you see this tumor has none. It is a sac filled with water.' So saying, I plunged the scalpel into the fundus and discharged the water of the amnion. My trick was very nearly exposed by one of the child's feet popping out from the opening!"

TUBERCULOSIS OF THE UTERUS.—*(Pacific Medical and Surgical Journal.)*—Dr. H. Lebert, quoted in *Gaz. Hebdomadaire*, from the German *Archives of Gynæcology*, has studied the subject of tuberculosis of the female genital organs, and finds that the phenomenon is not so rare as is generally believed. The history of thirty-three cases which he had observed, leads him to the following conclusions in regard to the reciprocal influence of pregnancy and tuberculosis.

1. Tuberculosis of the internal organs of generation may be primary, consequent on, or coincident with that of other parts.

2. Tuberculization of the neck of the uterus does not exist. The malady so described is a caseous degeneration.

3. The influence of pregnancy and accouchement on tuberculosis is greatest between the ages of twenty and thirty, though it is observed later.

4. When tuberculosis occurs in young girls, it may be arrested, but more frequently it assumes a new development under the influence of the first pregnancy, or sometimes a subsequent one.

5. It is exceptional for women who have had tubercles to resist repeated pregnancies. Their children are ordinarily feeble and tuberculous.

6. Pregnancy is often prevented as phthisis advances, but

the initial phases of tuberculosis take their course unrestrained by gestation.

7. Abortion, gestation, delivery, accelerate the march of phthisis in three-fourths of the cases. Pregnancy has no notable influence on its localization or form. The sad influence of accouchement is most marked when pregnancy has promoted the tubercular development. Women of tuberculous taint have little milk, and can not generally nurse. Their infants are feeble, scrofulous, and finally phthisical.

JAUNDICE OF NEW-BORN CHILDREN.

By Prof. Kehrer, (Obst. Jahrb.)

The author speaks of three degrees of jaundice. As the first stage, he describes that in which the skin and conjunctiva have for one or a few days a clearly yellow hue, whilst the urine, however, has no peculiar reaction of bile. In the second stage the skin, with the exception of the soles of the feet and palms of the hand, scrotum, and such-like red-tinged spots, is colored of a pale yellow, whilst in the third stage the skin is intensely colored, and mucous membrane of the mouth is colored yellow.

Of 633 children there were 321 boys and 312 girls, of whom 71 per cent. of boys and 203 per cent. of girls had jaundice. First-born children were rather more frequently attacked than others. Early purging of the meconium does not hinder the development of jaundice, We must then abandon the idea that the jaundice is caused by resorption of the meconium, which is rich in bile in newly-born children. In jaundice in newly-born children, we find the liver throughout or in parts yellow-colored, from the bile contained in the liver-cells. Frerichs thought icterus neonatorum due to diminished tonicity of the capillaries of the parenchyma of the liver, which takes place when the flow from the umbilical vein is stopped, and permits of increase of bile in the blood. Hardenhain admits that afrer compression of the aorta, the pressure of the secretion in the ductus choledochus falls off. Virchow thinks that icterus neonatorum results from catarrh and stoppage of the bile-duct. The disease commences commonly on the second or third day, and seldom on the first or fourth day of life. Prognosis is often good even in cases of higher degree of jaundice.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

USE OF ANÆSTHETICS.

Discussion before the Homœopathic Medical Society of Pennsylvania at its last Annual meeting.

Dr. McClelland read by title the paper on "Strangulated Femoral Hernia with Report of Cases," by A. R. Thomas, M. D., which was accepted and referred to the Committee of Publication.

In reply to a question of Dr. Marsden, Dr. McClelland said that in these operations anæsthetics were generally made use of, administered either on a folded napkin or from a napkin surrounded by a cone of paper. We generally use ether first, and if that fails we resort to chloroform.

Dr. Marsden said that in adminsstering ether from a cone, the quantity of atmospheric air inhaled could not be ascertained or regulated, so that an inspiration might include an unsafe quantity of the anæsthetic. He had always used the cone in his own practice in midwifery cases, holding it at first about two inches from the nostrils, and gradually bringing it nearer the face. A noted English obstetrician has remarked that he has been obliged to drop his forceps, in some cases, to combat the dangerous effects of the anæsthetic, resulting from its careless administration by an inexperienced assistant. He (Dr. Marsden) had never met such cases in his practice. He regretted the hue and cry that had been raised against the use of chloroform, although its administration is attended with some danger.

Dr. McClelland had had a somewhat similar experience to that of the English obstetrician alluded to, occasioned by the assistant becoming interested in the operation, and forgetting to watch the effect of the anæsthetic.

Dr. Burgher thought that as the vapor of chloroform is of greater specific gravity than atmospheric air, it prevents the admission of air to the lower air-cells of the lungs. The deaths from chloroform are one in twenty-three thousand cases.

In reference to the case of gunshot fracture of the lower jaw reported yesterday by Dr. Fulton, he thought we should not mention the formation of new bones unless we are absolutely convinced that the new formation is really osseous structure. In reference to the use of morphia after surgical operations, he would say that if sleep is not induced, harm must be done by its use, and perhaps even if sleep be induced, the effects are not entirely harmless. A well-selected homœopathic remedy is much more efficacious and is harmless.

Dr. McClelland said that in the case reported by Dr. Fulton cartilaginous formation was detected on the fourteenth day, and true osseous formation was very evident on the twenty-third day. Remarkable as the case might seem, it was nevertheless well attested.

Dr. Cowley knew of two fatal cases from the administration of chloroform in dental practice. In another case, where the patient was completely broken down by syphilis, and a rhinoplastic operation was about to be performed, not more than two or three inspirations of the anæsthetic were taken before the patient fell back and died. He greatly wished that cases in which the administration of chloroform would be unsafe, could be accurately defined. He objected to the use of morphia after operations, and would not use it if he knew of anything better.

Dr. Koch. Chloroform is used daily at the Homœopathic Hospital in Philadelphia, poured on a folded towel, and we have had no accident as yet.

Dr. Koenig had seen a mixture of chloroform and ether used in the army very frequently. He had remarked that the patients come slowly under its influence, and that the effects were very slow to pass off. He was of the opinion that the sooner a patient came under the influence of an anæsthetic when it had to be used, the better.

Dr. Marsden had not found chloroform to interfere with uterine action in obstetric practice, and related cases in illustration.

Dr. McClelland. Equal parts of alcohol, ether and chloroform are used by some Pittsburg obstetricians. He did not like mixtures of ether and chloroform, but usually gave ether first, and followed it with chloroform, in case the former did not act promptly.

Dr. B. W. James never jeopardized his patient for the sake of procuring prompt anæsthetic effect. Chloroform is quicker of action than ether, yet he did not regard it as safe, and thought for that reason it should not be used, On the contrary, he regarded sulphuric ether as a perfectly safe anæsthetic.

Dr. John E. James thought it very important that a pure article, whether of ether or chloroform, should be used.

Dr. Burgher. If we use ether and chloroform separately, we know exactly what we are using in each case. We cannot say this when we use a mixture. He had no trouble in securing complete anæsthesia with chloroform, and had never known of any bad results from chloroform when its administration was preceded by the influence of ether. It is an undoubted fact that the mental anxiety and dread of the patient will interfere with the production of the anæsthetic effect.

In a case in which there was luxation of the femur, the patient boasted that the physician who had attempted to anæstheize him had failed to do so after two hours' trial, but Dr. McClelland had brought him under the influence of chloroform in five or ten minutes.

Dr. McClelland said the patient had been given to understand that they would stand no nonsense with him, and that they would strap him down if he did not behave. He them calmed himself and went to sleep.

Dr. Williamson had assisted in a case in which sixteen ounces had failed to produce any effect except nausea and vomiting.

Dr. Dudley saw a case, while a student, in which the lecturer on practical dentistry failed to bring a young woman under an anæsthetic after a half hour's trial, because of her struggles and efforts to resist. Upon being scolded for doing so, she subsided, and came under the influence in a few moments.

Dr. Fetterhoff had seen cases in which it seemed impossible to produce any effect more than a slight stupor, which soon passed off.

Dr. Marsden had noticed a case where morphia had been given for pain by an allopathic practitioner, in a case of malposition. He gave chloroform, and the effect was surprisingly prompt and complete. Claude Bernard had stated that this was the case. The tendency of the morphia is to make the anæsthetic effect more profound and more lasting.

Dr. Burgher. In a case where chloral was administered after morphia, no hypnotic effect was produced by either agent. A lady suffering from biliary colic took morphia on her own account. Two hours thereafter chloral was administered, from which she derived considerable comfort. He saw her in six hours afterward and found her unconscious, cold, and with respiration six to the minute. He used

inhalation of Ammonia, with galvanism and friction, etc., for three hours before any decided improvement took place, and she then gradually recovered.

COMPLETE COMPRESSION FOR ANEURISM.—Owing to the suffering which compression produces upon aneurismal patients the compression when used is generally but partial, and continued but a short time, and then relieved to be subsequently made, and so continued until the sac of the aneurism is gradually filled with coagulum. It is now proposed by Dr. R. J. Levis to anæsthetise the patient and make complete compression by means of the proper apparatus in the manner suggested by Heister, Guattani, Hunter, and others, but which never came into general use on account of the extreme pain which the pressure induced.

Dr. Levis had a case of aneurism involving the right external iliac artery, and in which digital pressure when applied upon the external iliac against the brim of the pelvis caused the pulsation in the tumors to cease. He resolved to treat the case by producing profound anæsthesia, and then applying a mechanical apparatus made for the purpose, and the pressure caused to come on the external iliac artery, about three or four inches above Poupart's ligament. The circulation below the pressure was completely arrested and the anæsthesia by ether kept up five and a half hours. At the end of which time, the circulation was obliterated in the parts. Some inflammatory symptoms, acute pain, œdema, and livid discoloration of the limb subsequently occurred, but the case entirely recovered.

ERGOTIN INJECTIONS INTO VARICOSE VEINS.—Some experiments have recently been made by Dr. Vogt, and through his suggestion, also by Dr. Potel, upon man and also upon some lower animals to demonstrate the action of ergotin upon the muscular element of arterial and venous vessels. Dr. Vogt used a "syringeful of the solution (extr. sec. cor. aquos. 2 sp. vin. glycerine, ā. ā. 7.5) and it was injected (o. 12 ergotin) in the region of the central end of a varix. six cm. long, and of a thickness of the little finger every second day.

In the course of eight days the varix had disappeared, and had not returned after six weeks, during which time, the patient went about as usual. Dr. Vogt from the experiments of Dr. Potel, thinks "that ergotin acts in the disease in question partly on the veins, and partly also by constricting the arteries, thus lessening the flow of blood to the veins."

OZÆNA TREATED SURGICALLY.—Surgeons all have very unpleasant cases of ozæna to come under their care and for which local applications are generally applied, both for the intense odor, as well as for the purpose of healing the ulceration which exists in the nasal passages in these cases. M. Rouge, claims that the bones are always involved in such cases and that therapeutic remedies are useless; that such cases do get well spontaneously, he does not deny, but it is due to the throwing off of the dead bone by nature herself. He proposes a surgical operation in such cases and also one to avoid deformity. The operation is described in the Medical and Surgical Reporter as follows:—

"He incises the mucous membrane in the gingivæ-labial furrow from the left to the right molar, dividing the frænum near its root; cuts down upon the anterior nasal spine; detaches by the bistoury the cartilaginous septum; and (if necessary) divides with the scissors the nasal cartilages at their maxillary attachment, and then divides their septum. The nostril can then be turned upwards. He then seeks for the necrosed or carious portions of bone, removes them and applies nitrate of silver to the mucous membrane. The parts are thoroughly cleansed and replaced. Reunion by first intention has always followed. Recovery has been immediate, and the results quite successful in the seven cases on which he has operated."

ANÆSTHETIC AGENTS.—The last agent for producing anæsthesia is the one recommended by Dr. B. W. Richardson, consisting of a mixture of Methyline, Bichloride and absolute ethylic Ether of fluid specific gravity of 1.100 and it is said to be free from the danger of chloroform, and quite as effectual and rapid. From three to six fluid drachms is the average quantity required. Dr. R., administers it through a mouth piece manufactured by Krohne and Senseman.

DANGER OF CATHETERISM IN AGED MEN.—Baron C. Dupin of France, an active member of the *Academie des Sciences* died recently from the fragment of a flexible catheter which broke in the urethra while passsing under the pubes. He was passing it himself, and it was supposed that he did not examine the instrument as to its brittleness before using it, for it is well known to surgeons that some of these gum catheters become very fragile by age and useless and, as this instrument shows, also extremely dangerous. It slipped into the bladder on attempts being made for its removal. The attempts were postponed and before they were renewed, he had a slight rigor and soon after died. It must be remembered that apparently light shocks to persons of great age is frequently of itself a cause of death owing to the natural weakening of the vital forces by age itself. Baron Dupin was in his 89th year.

"PROCIDENTIA UTERI.—In a case of complete procidentia in which no form of pessary could be retained, the uterus was placed *in situ*, and the actual cautery applied about an inch and a half from the vulva round about the surface of the vagina for the extent of about half an inch. A good cicatrix resulted, which prevented the descent of the os."—*Braithwaites Retrospect, Jan. 1873.*

"ELEVATION OF DEPRESSED CRANIAL BONE BY PNEUMATIC TRACTION.—A child was born with its right frontal eminence occupied by a depression an inch and a half in diameter. It had been driven in during birth by the somewhat angular pubic arch of the mother. A most ingenious and as it is proved, successful plan of elevating the depressed bone was pursued. A cupping glass was placed over the part and complete exclusion of air ensured by a cell of glazier's putty. Exhaustion was then effected by a small air-pump. The depressed bone gradually rose and assumed its normal condition."—*Idem.*

"ARTIFICIAL AMNION BAG.—In cases where the waters have been early evacuated, but the os is hard and unyielding, or in cases of placenta prævia, when rapid dilatation of the os is necessary, the artificial amnion bag of Dr. Morgan is likely

to prove invaluable. It it pear-shaped, and considerably larger and stronger than Barne's largest dilator, which it otherwise resembles. An unyielding material is contained at the junction of the ball and tube, extending a little upwards and downwards, in order that this part may not give way when traction is made upon the ball by means of the tube. The head of the child descends during a pain, compresses the upper part of the dilator, which, in expanding below, dilates the os. This is further assisted by traction upon the tube. The instrument is one of great value."—*Idem.*

"SYRINGING THE EARS.—There is a skillful and unskillful way of doing this. The auricle should be drawn upwards between the two fingers of the left hand, so as to put the whole meatus as far as possible in a straight line and the nozzle of the syringe should be kept in close contact with the roof of the meatus. If the secretion is hard, it should be softened by a little warm water poured in a few nights previously."—*Idem.*

"OPACITIES OF THE CORNEA, TO TINT.—Opacities of the cornea, whether partial or complete are often a serious trouble to young persons on account of their unsightly appearance, more so on this account perhaps than on account of the defect of vision produced. The opacity may be tinted with Indian ink, Sepia, or Ultramarine, according to the color of the iris or the situation of the opacity. For this purpose a number of the finest needles should be firmly bound together with their points on a level around a handle, and the part tattooed. When an immediate and deeply colored effect is desirable, a combination of Lamp-black with Indian ink, and a solution of nitrate of Silver may be used."—*Idem.*

"ULCERS OF THE LEG.—Having removed all hypertrophied cuticle at the margins of the ulcer, it should be hermetically sealed by the application of oiled silk, collodion, and strapping in the following manner: A square piece of soap-strapping two inches larger that the outer circumference of the ulcer, having a hole made of the exact shape of the ulcer, is applied to the leg ; upon this strapping good collodion is applied with a brush, and over the ulcer and strapping one

good square piece of oiled silk is laid. This at once seals the ulcer, and in order to prevent the edges of the oiled silk from rubbing up they should be further fastened down with small strips of plaster. If the discharge should be profuse the sealing will require to be repeated in a couple of days, but the intervals of removal are quickly prolonged inasmuch as the exclusion of air limits the discharge and facilitates the formation of skin from the edge of the ulcer. No other application is required, and the ulcer speedily heals."—*Idem.*

"TUMORS—ELECTROLYTIC ACTION OF CONTINUOUS ELECTRIC CURRENT.—The action of a continuous electric current upon a tumor is simply that of a painless caustic. It does not cause a withering and shrinking of the growth, but a slough, precisely as does any other caustic. It has, however, the great recommendation of being very handy as well as painless. A Stohrer's battery is very suitable, with twelve cells, and using two needles, the one at the positive, the other at the negative pole. Small growths may be rapidly destroyed without complaint of pain on the part of the patient. For the cauterizing of small nodules which may spring up about the scar-tissue after removal of a cancer growth, and which if allowed to increase, necessitate for their removal a considerable operation, the continuous current offers an efficient remedy. It does not seem however, to promise much in the case of large growths."—*Idem.*

"FRACTURE OF THE FEMUR—TO APPLY A PLASTER OF PARIS SPLINT.—The plaster bandage is prepared by rubbing fine dry plaster of Paris into the meshes of a linen, flannel, or cotton bandage. Linen of loose texture is the best. Tarletan was the material most used by the Germans in the late war, and they strengthened their splints with thin wooden ribbons. The bandages so prepared may be kept ready for use in tin boxes. The limb should first be surrounded with a blanket, neatly adapted to it and secured by a few stitches. The bandage is then to be applied, being first immersed for three minutes in hot water and salt. Should the plaster seem to dry during the application, the hand, wet with water, should be passed backwards and forwards over it. Three or four

bandages should make a firm splint from the toes to the knee. An elegant finish and some additional firmness may be given by smearing over the whole, about two ounces of plaster dissolved in as much water. The best time to apply the bandage is as soon after the accident as possible, even whilst the patient is suffering from the shock."—*Idem.*

"FRACTURED CLAVICLE.—Take a long and broad strap of good plaster (Maw's moleskin,) pass one end of it round the arm below the axilla, and, having well fixed it to prevent slipping, pass the long remaining portion round the back under the opposite axilla and round the chest, pinning its end to itself to prevent displacement. During this, the arm must be brought well backwards until the tightened clavicular portion of the pectoralis major overcomes the sterno-cleido-mastoid, and thus pulls the inner portion of the clavicle down to its level. Another similar strap of plaster should now be made to support the elbow by passing under it and over the opposite shoulder diagonally across the back and chest."--*Idem.*

TREATMENT OF ANEURISM.—Prof. Billroth, in the sixth edition of his work on the General Principles of Surgery, 1872, describes the following methods:

1. Compression of the tumor itself.

2. Compression of the trunk above the tumor; and of the different modes of applying the pressure he enumerates that with the finger, that by forcible flexion, and that by various compressors, tourniquets, etc.

3. Ligature of the artery by Anel's, Hunter's and Wardrop's methods.

4. Injections of various kinds, as of perchloride of iron and of solution of ergotin.

5. Electro-punctures.

6. Ablation of the entire swelling (method of Antyllus.)

In commenting upon these different methods, Prof. Billroth remarks that sometimes one and sometimes another is to be preferred. As a general rule, however, in view of the very numerous and favorable cases that have been reported from the employment of compression, he thinks this should be first tried, and not too early given up. When, as is usual in

traumatic cases, the tumor is widely diffused, Antyllus's method, the complete ablation of the whole mass, is to be preferred. It is quite practicable with good assistants. If this plan be not adopted, then recourse must be had to Anel's or Hunter's method. Ligation of the larger vascular trunks would always be performed as the best and simplest means for the cure of aneurism, were it not that secondary hemorrhage takes place so frequently from the part ligatured. Prof. Billroth suggests that some plan may even yet be discovered which possesses the advantages without the disadvantages of the ligature. Injection with liq. ferri is least available in cases of spontaneous and traumatic aneurism. In varicose aneurism and aneurism varix, the ligation of the artery above and below the opening is the most certain means of cure.

FEMALE DOCTORS IN LONDON.—*(Canada Medical Jour.)* Another Hospital for Women, of rather a novel nature, under the immediate management of women, is in vogue in London, at the head of which stands Mrs. Garrett Anderson, M. D., Paris, of undoubted education and capacity. She has a colleague in the person of Miss Morgan, M. D., Paris. I had occasion to visit this hospital with my friend Dr. Yunger, by invitation from Mrs. Dr. Anderson. We were shown around the different wards, which were the essence of neatness, and well stocked with patients. This hospital is in great favor with Londoners, and is making rapid strides towards success. The house-surgeon, apothecary, in fact all connected with the hospital are women. Several lady doctors from different parts of the world make this hospital their headquarters while in London.

SUEING THE DOCTORS FOR CRUELTY.—(*Pacific Medical Journal.*)—Redding, the Fenian who was imprisoned in 1867, and lately liberated, had an attack of paralysis in prison and was treated by acupuncture and the cautery. As soon as he was discharged he prosecuted the physicians of the prison for their gross cruelty in pricking his flesh with hot needles and burning him with red hot irons.

EXCISION OF KNEE JOINT.—*(Pacific Medical and Surgical Journal.)*—Dr. Homes, of St. George's Hospital, England, says that the mortality after excision of the knee joint is about double that after amputation above the knee, and that the period of convalescence is about four times as long after excision. The operation he considers justifiable only in a small number of cases, under the most favorable circumstances.

Principles of Medicine.

PROF. H. P. GATCHELL, M. D., KENOSHA, WISC., EDITOR.

SOME THOUGHTS ABOUT ATTENUATIONS.

(Continued from page 163.)

As my aim is not to contribute to pathogenesis, but to afford some confirmation of the capacity of high attenuations as pathogenetic agents, I shall when desirable, condense my record of symptoms, in making this report. But in these, as in almost all the provings that I have recorded, the evidences of disorder and suffering, mental and physical, have been witnessed by me and have been taken down at the time, generally, in the words of the subjects. Sometimes I have changed the phraseology, when I have thought it could be made more expressive; and occasionally when reporting a pathogenesis I have condensed expressions for brevity's sake; or knowing the precise intent of the language, I may have modified some expressions for the sake of greater clearness.

As questions have been raised respecting the reality of high attenuations, I will add, with regard to the two hundredths, that they are of Dunham's preparation. If we can not trust him, we may as well abandon faith in human nature. I should about as soon, think of doubting Dr. Shipman's integrity as Dr. Dunham's.

I generally used in the experiments cited below, a single pellet. In scarcely any (I think not in any) instances did the subject of the proving, know the medicine given.

Fer. 200. Deathly sick at the stomach. Anus feels puffed out, as if from piles; craving for tea gone; metallic taste.

Merc. 200. Self contempt. Tip of tongue burns; thinks it must be red; metallic taste.

Chin. 200. Hot, flushed face; sense of heat all over; tired, weary, yawning.

Arg. 200. Almost immediately on taking, exclaimed "why this has a metallic taste." Aching all over; screws and twists on account of pain in the loins; aggravated by lying on the back; meliorated by flexing the thighs.

Coloc. 200. Great reluctance to speak; talking tires the jaws; flushes of heat all over the body; "Oh I am so hot." Tongue feels swollen at the root, raw at the sides.

Nux. 200. Copper taste; breath short. Only yesterday a patient that had been taking Nux. 200, complained to me of extreme and unusual shortness of breath. Nux. 200, given for headache—the patient was immediately obliged to go into the open air—wished before, to stay in the warm room.

Con. 300. Produced the same disposition in another patient. She rushed to the outer door, immediately, and snuffed up the air.

Ip. 200. Pain in the forehead, with nausea; pain extends to temples and to occiput, sharp in temples, dull as it approaches occiput; head feels sore to the touch; deathly sick, as if fermentation in the abdomen.

Sang. 200. Talkative, excited.

Sul. 1000. Right foot and hand cold and numb; sleepy, as if whole system stagnant, no energy, as if heart gorged with blood, pain at the apex, weary, as if brain dead, all but the vertex; full of grief, but can not cry, as if stupefied by some terrible news; can not realize any thing, no past, no future; brain feeble, would break down with any mental effort; dull heavy aching over the eyes; complains much of the heart, as if the ventricles distended with blood; pain in left shoulder and shoulder blade; sick, indifferent to every thing; back aches between the shoulder blades; weight as of lead in the stomach, feels like a dyspeptic; face flushed, can't understand what she reads, though she reads again and again.

Second day. In a maze; things seem unusual; tired; apprehensive. In the evening, a spell of almost utter absence of mind.

Third day. Mind the same; in attempts to direct servants she would stand silent, unable to tell what she wished; dread of being spoken to or looked at.

Fourth day. Condition similar; did not know what people said to her; dread of work, every thing a great task.

Fifth and sixth days not recorded.

Seventh day. Can articulate with difficulty, stammers gloomy, fretful, despairing; angry when spoken to; incapable of labor, cerebral or muscular; tired all the time.

The reader can have but little idea of the mental and physical depression as witnessed, and this from one dose of Sul. 1000. The prostration was so great, with no prospect of a speedy, spontaneous recovery, that it became necsssary to antidote. For reasons not important to state, I gave a dose Calc. 700. This evidently, reinforced the Sul. and aggravated all the symptoms. Merc. 3000 began, almost immediately, to afford relief, producing however, itching between the fingers and excessive hunger. The brain soon became less irritable, with a sense of "sinking down, down." Can be spoken to with satisfaction, soon relieved entirely. No other medicine has, in my hands, produced so marked cerebral depression as Sulphur.

Sep. 55.000. Tongue feels sore at the tip; throat scraped; stomach burns; feels full, with sense of hunger; sick feeling in stomach and liver, weak, languid; feeling in bowels as from metallic poison; tongue on fire, feels swollen; pain and weakness of bowels, wants abdomen bandaged; feels as if starved; cold feeling, in patches, on the suface of the body; every new symptom attended by aggravation of stomach symptoms; as if head, tongue and liver, enlarged; as if uterus weak, flabby, lifeless; burning pain under the left shoulder blade. "Oh I am so sick in the stomach and liver." As if spleen enlarged, like the liver, as if on fire in the abdomen, the ensuing evening.

Second day. Intense burning in the whole alimentary canal.

Third day. Bearing down in the vagina, so she could hardly walk; sleepy; sour stomach, with pain in forehead, and vertex, together with heat and distension of abdomen; hot flashes.

The dragging sensation in the vagina, (to which she was not subject,) continued for several days, with wéakness in the renal region and dragging from the hips down. No appetite, stomach oppressed by food. Sul. ac. 200, afforded most relief to alimentary canal.

For the most of the readers of the Observer, this is a large enough dose for one month, as small as were the quantities employed. Probably they will turn up their noses, as scornfully as old school physicians do at ordinary homœopathic experience. But I can stand it if they can. I reserve a little more pathogenetic and some therapeutical experience for another article, which I shall eke out with some concluding reflections.

EPILEPSY PRODUCED BY ABSINTHE.*

Dr. Maynan has made a more extensive and more interesting series of experiments with Absinthe. By whatever means this substance was introduced into the organism, whether by the stomach, hypodermically, or by injection into the veins, the following phenomena were observed: If the dose were a smalls one, feeble, spasmodic twitchings set in, especially in the muscles of the neck, by which the head would be drawn upward and backward—a little later these twitchings would extend to the shoulders and back. Sometimes it was observed (chiefly in dogs) that the animal would suddenly become motionless, remain standing, half unconscious for from thirty seconds to two minutes, with head and tail lowered, and then would resume his ordinary attitude. This dizziness has some similarity to epileptic vertigo.

If the dose of Absinthe be increased, the above symptoms develope into violent attacks—the animal falls suddenly to the ground, is seized with trismus, and at times with tonic spasms of one side of the body, to which, after a few seconds, clonic spasms succeed: he froths at the mouth, and sometimes bites the tongue, breathing is rattling, urine and fæces are passed, seminal ejaculations take place. After the attack has

* See this journal, Vol. IX, pp. 271-2.

passed off the animal remains for some time in a state of stupor, which, however, soon yields to his ordinary condition. Only occasionally, and at intervals of from ten to twenty minutes, as the epileptic attacks recur. During the lucid intervals the animals are very often the subjects of real hallucinations, which are apparent in the manifestation of fear and horror.

The autopsies of animals poisoned by Absinthe showed, besides a penetrating odor of wormwood in various organs of the body, great congestion of the cerebro-spinal vessels, of the meninges of the brain, and extreme hyperæmia of the medulla oblongata. The brain and spinal cord presented upon transverse section a uniform rosy coloring, with injection of the vessels; occasionally the stomach, more frequently the endocardium and pericardium, showed small ecchymoses.

In proof of the fact that the effect of Absinthe upon animals finds its analogue upon the working men in France, (who habitually drink it.) Dr. Maynan cites several cases of disease which prove that alcohol alone is not able to cause epileptic convulsions, and that these appear only in individuals who have been accustomed to the use of of Absinthe." *

A full proving of Absinthium is greatly to be desired. It will probably be indicated in cases of epilepsy—both *petit* and *grand*—occurring in patients with profound derangement of the digestive organs. If terrific hallucinations, before or after the "fits," are observed it is deserving of a trial. Or if an oblivion of having had a "fit" is observed, it is indicated.

This drug is commemded to the attention of the Hahnemann Academy of New York, as we believe it purposes work, not *talkee, talkee.* S. A. J.

* Journal of Psycholog. Med. Vol. IX, p. 825.

SALIVATION FROM ETHER.—Dr. Hutton *(Phil. Med. Reporter.)* etherized a young man for the purpose of removing a splinter of iron. A few days afterwards he found his patient suffering from profuse salivation.

THE USE ON ERGOT BY MIDWIVES is prohibited by the the laws of France. The apothecaries refuse to sell it to them.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

KALI CHLORICUM IN OPEN CARCINOMA.

Its External Application, by Prof. Burow, Sen.

Prof. Neumann recommends the application of Kali chlor. in painful caries of the teeth. Inserted in the cavity of the carious tooth it has been frequently applied with great benefit, and even internally, it can be taken for a long time without disturbing digestion. By the advice of Dr. Stadion, I used it extensively in our last murderous epidemic of Variola in a saturated solution, a tablespoonful six or eight times a day, even for weeks. I did not lose a patient, and I may ascribe this result to the remedy, as cases, whose stormy appearance produced some anxiety, soon took on a more favorable course.

In relation to the external application of Kali chlor. I tried it with negative results in some tedious cases of Trachoma, whose last residua failed to yield to diverse remedies; but these experiments showed that even the very sensitive mucous membrane of the eye did not react very strongly to energetic local application of this remedy and that it only produced transient, not very severe pains.

Last summer I made the first trial with the local application of Kali chlor. in a proliferating cancerous ulcer on the left forearm. The ulcer had about a circumference of 22 lin. and granulated to the length of 3 ctm. The whole granulated surface was daily dusted over with Kali chlor. The pain was at first great, but diminished in half an hour, and was never severe enough to justify the application of anodynes. It was then covered with a moist rag and some oilsilk. After 8

weeks the granulations were gone and cicatrization began at the periphery. Since then I have treated four open cancers in the same manner. In one mammary cancer I began this treatment, after colossal destruction had already taken place and the adjacent parts were infiltrated aud degenerated; still in all three mammary cancers the disappearance of the granulations was plain as also the resorption of the adjacent infiltrations. Two of these cases are still under treatment.

Mrs. W., 51 years old, of gracile constitution, felt for several months pains in the left temporal region. Gradually a swelling arose in the zygomatic region and the whole cheek became painful, till about April, 1872, it broke in the region of the fovea maxillaris at several places. This open ulcer gradually reached the size of a silver dollar and burrowing inwards, destroyed the anterior wall of the maxillary cavity. Her emaciation became extreme, as she was tormented by constant excruciating pains. All narcotics failed. The tumor increased to the size of a man's fist and the eye became closed. The infiltration reached upwards to the eyebrows, forward over the nose, outwards to the ear, the anterior wall of the maxillary cavity was destroyed and large penetrating ulcers led to that cavity. For three months we steadily applied the Kali chlor. At first the puffy edges of the ulcer began to diminish. The swelling decreased, the peripheric infiltrations were more and more absorbed. The eye could be opened, the pains ceased entirely, strength returned and the ulcer not only diminished to the size of a ten cent piece, but instead of bulging out the cheek now presents a caving in.

In carcinoma uteri it promises well in regard to alleviating pains and foul smell, especially as the adjacent mucous membrane bears well the slightly irritating application. At any rate, whenever I energetically applied the pulvis Kali chlor. to open cancer, it always caused diminution and shrinking of the granulations, resorption of adjacent infiltrations, diminution of the secretion and of the sensitiveness, and revival of the drooping spirits of the patient.—*Berl. Klin. Wochschrihft, 6, 1873.*

It ought to be also a valuable adjuvant in the treatment of severe burns, where the great proliferation of the granulations gives sometimes so much trouble and it can hardly be as painful as burnt alum, which I was forced to apply in the following case.

The trail of Miss F's dress caught fire from an open fire New-years evening, when receiving company, and she was severely burned over the chest and upper extremities, and in several places on her face. *Cosmoline* (a preparation of Petroleum) was the only external application, which gave relief. I sometimes changed to Calendula and Glycerine, Cantharis and Glycerine, Rhus and Glycerine, but she steadily referred to Cosmoline, as the only thing which felt comfortable. On the arms and shoulders were several burns of the 4th degree, and in their healing I feared contracting cicatrization which was counteracted by gentle passive motion. Wherever excessive granulations were shooting up, I sprinkled unmercifully the burnt alum over it (Silicea 3 locally failed to do the thing,) although the poor girl cried for hours after it. I would prefer in a similar case the pulvis *Kali chloricum.* Aconite *θ* was the anodyne for the severe shock, which she took frequently during the first night, changing it to Aconite 200, as soon as reaction had taken place. *Pro re nata* she received Urtica, Cantharis, Rhus, and we feel proud of our success in this case, as there will be hardly a mark left, severe as the burns were. S. L.

INGROWING NAILS.—I desire to add a mite to the evidence repeatedly given in the *Journal* that the removal of the nail (to my knowledge not always successful) is unnecessary.

About twenty years ago, I applied a bit of compressed sponge to afford temporary relief, and was delighted to find that it effected a radical cure. I make the sponge as solid as leather, by wetting and then winding string very tightly round it, and drying it thoroughly. Of this I cut a small pyramidal piece, less than a grain of rice. This I insert beneath the nail, and secure it by strips of adhesive plaster, applied longitudinally, to avoid compression. The sponge soon becomes moist and swollen, keeping the nail from the irritated flesh. Any granulations should previously be destroyed with strong Nitric acid. I have adopted this plan upon many occasions, and have never found it to fail.—Benjamin Blower.—*British Medical Journal.*

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

DYSPEPSIA.

*Indications for the use of Chelidonium Majus, Kali Bichromas, Hydrastis Canadensis, and Sepia in Dyspepsia.**

BY A. C. CLIFTON, ESQ., OF NORTHAMPTON, ENG.

My reason for limiting my remarks to the bearing of these four medicines upon the treatment of dyspepsia is, that while Mr. Pope, the late Dr. Marston, Dr. Bayes, and others, have recorded the results of their experience in the use of such medicines as *Argentum nitricum, Bryonia, Carbo vegetabilis, Calcarea, Nux vomica, Lycopodium, Mercurius, Pulsatilla, Sulphur, etc.*,—medicines well adapted to cure the majority of cases—there still remain many instances of this disorder which their action on the stomach does not resemble, and in which they are consequently not curative. I have therefore thought that I might with advantage lay before you some of these so-called "characteristic symptoms" which have led me to use successfully the medicines I have named.

The symptoms I shall chiefly draw your attention to are such as are referable to the color and expression of the face, to the tongue, the appetite, desires or dislikes for, and to sufferings engendered by particular kinds of food; to pains in the region of the stomach, etc.

CHELIDONIUM MAJUS is the first remedy on my list. Though never much enamoured with its action in diseases of the lungs and eyes in which I first saw it prescribed, I have found it useful in supra-orbital neuralgia of the right side, while Kali bichromas has been of equal service in a similar form of same disorder on the left side. Of the symptoms characteristic of the kind of dyspepsia to which it is homœopathic, the following are among the most important:

* Read before the Midland Homœopathic Medical Society of Birming- Nov. 8th, 1872.—(*Monthly Homœopathic Review.*)

1. Tongue. Dry and white.
2. Appetite. Desires and dislikes;
a. Desires for milk which produces comfort, though it formerly caused flatulence.
b. Great longing for wine, which does not as before produce congestion and heat in the head.
c. Prefers hot things, dislikes those which are cold.
d. Dislikes boiled flesh.
e. Must eat more breakfast than usual, in order not to get faint before dinner.
f. Disgusting taste; food tastes naturally.
3. Eructations relieve nausea.
4. Stomach, aching and gnawing pain in; constrictive feeling over, aggravated by pressure, but relieved by eating or during the early hours of digestion.
5. Sensation of constriction, and sensitiveness in the scrobiculus cordis and r. hypochondrium.

The first of these symptoms or "characteristics" relates to the tongue. All that is said of it is, that "it is dry and white." The description I would give of the *Chelidonium* tongue is that it is moderately dry or moist, of a good natural color, but slightly coated white, and sometimes streaky, the shape of it being narrow and pointed. It has been in cases of dyspepsia, where there are other symptoms indicating *Chelidonium*, that I have found the tongue to answer to this; where the liver is more affected, there is often a yellowish fur.

2. Appetite, desires, dislikes to food. *(a.)* "Desire for milk, which does not cause flatulence as it used to do, but produces comfort." In several cases of dyspepsia, where *Chelidonium* has been otherwise indicated, this symptom has been very marked.

In all cases of dyspepsia, where the appearance of the tongue answers to that indicating *Chelidonium*, I generally find that when such persons are in health milk gives rise to flatulence.

One such case was a man, 64 years of age, suffering from hypertrophy of the heart, with gastric dyspepsia, giving rise to loud, tasteless, or bitter eructations. He had suffered from gall stones, and I had successfully treated him with *Berberis*. To relieve his dyspepsia, I unavailingly gave him *Carbo v.*, *Argentum nit.*, and *Bismuth*, as well as other medicines; *Chelidonium* greatly relieved the dyspepsia, though it failed to check the eructations. I kept him on a milk diet (not skim milk) for a month with benefit. Previously he had had the desire for milk, but was unable to digest it.

Another patient, who suffered frightfully from spasmodic

pains in the stomach, followed by bitter and bilious vomitings, had noticed that when well she could not take milk, but was able to do so when ill, provided it was warm. She obtained rapid relief from *Chelidonium* (1st dec.) in two attacks, and the dyspeptic symptoms which ordinarily preceded and followed an attack were quite cured by the same remedy.

b. "Great longing for wine, which does not cause congestion or heat in the head as before." I have occasionally noticed these symptoms in cases of dyspepsia indicating *Chelidonium*, though not to so marked an extent as the incapacity to digest milk just referred to. In one case—to be noticed presently—there was a longing for beer which I did not gratify, as it manifestly disagreed with the patient, but I permitted him to take wine with advantage.

c. "Prefers hot things." This I have often noticed in dyspeptics cured by *Chelidonium.*

d. The dislike to boiled flesh said to be a characteristic of the *Chelidonium* dyspepsia I have not noticed.

e. The feeling a necessity to eat a larger breakfast than usual in order to prevent faintness before the next meal, I have seen something like in the desire for food to prevent stomach pains.

3. Eructation relieving nausea I have occasionally observed to occur in dyspeptics relieved by *Chelidonium.*

4. Stomach.—"Aching gnawing pain in the stomach, with a sense of constriction, aggravated by pressure, but relieved by eating, or during the early hours of digestion," is, I believe, a very marked characteristic of *Chelidonium* dyspepsia.

5. A "sensation of constriction and sensitiveness in the scrobiculis cordis and r. hypochondrium," are often associated with the foregoing; or rather, whilst the former the aching gnawing is relieved, during the early hours of digestion this is often aggravated slightly, and in my experience is more frequently indicative of *Nux vomica*, if other symptoms correspond, than of *Chelidonium.*

As an illusration of symptoms 4 and 5, I will adduce the following case:

A gentleman, aged 52, of spare habit, accustomed to a moderate amount of exercise by day, but poring over his books and plans till one or two in the morning, had frequently suffered from indigestion. On one occasion he had jaundice, and once had had intermittent fever. When he consulted me he had been suffering for two months, and had taken from his own medicine case *Bryonia, Nux, Chamomilla, Sulphur*, etc., without benefit. He complained of giddiness in the morning,

and of headache on waking. His sleep was unrefreshing from vivid dreams of business matters. He disliked his usual mental studies. The appetite was diminished, but when he had eaten a little he could eat more, because he then felt better. An aching pain in the stomach was nearly constant, but was better after food. Constrictive feeling across the stomach from r. to l. hypochondrium, so much so as to oblige him to loosen his clothes two hours after a meal. Slight eructations; bad taste in mouth; desire for beer, which, although he relished it, caused heartburn and headache; his stools were pappy and light-colored; urine normal; his tongue was only slightly coated white, and rather moist, thin and narrow in shape, like that in persons of a nervous temperament, or where there is nervous irritability; his face was pale, and of a yellowish tint. For a month I gave him *Nux*, *China*, and *Ignatia* of various dilutions, but without benefit. I therefore turned to a record I keep of characteristics, where, under "Stomach and Appetite," I found No. 4 characteristic of *Chelidonium*. I next consulted the Repertory of the Hahnemann Publishing Society (a work it is disgraceful to us as a body not to have completed long since.) In this I found that, under *Petroleum* and *Nitric Acid*, there is "aching pain when fasting, relieved by food;" under *Pulsatilla*, "gnawing pain when fasting, relieved by food;" under *Nux vomica*, "contusive pain when fasting, relieved by food." None of these corresponded so well, especially in the mental sphere, in the totality of their symptoms to the case under consideration, as did *Chelidonium*. One drop of *Chelidonium*, 3rd dilution, taken four times a day, gave relief in three days, and in a fortnight my patient was well. He has had a similar attack since, when a few doses of the same medicine soon cured him.

Such are the chief characteristics of the *Chelidonium* dyspepsia I have been able to verify clinically. I have in addition seen one case of mental distress cured by this medicine. Without much dyspepsia, there was a dry, white, narrow, and pointed tongue; with a desire for wine and but little appetite. The mental symptoms were restlessness and uneasiness of conscience. She felt that she had committed the unpardonable sin, and that she would be eternally lost: a condition very similar to one described by Dr. Buchmann in his proving of *Chelidonium*.

The next medicine I have to consider is KALI BICHROMAS. A remedy of great value in gastric dyspepsia, as well as in the dyspepsia of other portions of the alimentary canal. Useful

also when the tissue-changes are deeper and more serious than in ordinary dyspepsia.

1. Tongue. "Coated as with a thick yellow felt; papillæ elevated; tongue dry." "Smooth, red, and cracked in dysentery." The red, smooth, cracked tongue, I have never seen in simple dyspepsia; but the tongue, "coated as with a yellow felt," is common enough, especially in beer-drinkers. The appearance of the tongue in cases where I have seen *Kali bichromas* of most service is broad and flat, with raised, almost scollop-shaped edges, the surface rough and yellowish, dry or moist, while underlying this yellow roughness the tongue is very red, the fur being thin and lying, as it were, on a red ground; very different to the appearance of the tongue excited by *China*,, which is whiter, or by *Mercurius*, when it is bluish-white. Whenever I observe the kind of tongue I have described, I feel sure that other indications for *Kali bichromas* will be forthcoming.

2. The appetite is poor, especially for breakfast, and with this want of desire for food is vertigo. Nausea and vomiting are often present in the morning, as soon as the patient rises from bed, and are often accompanied by a general dull headache; more commonly is this the case in great beer-drinkers.

3. Dislikes and longings.

a. "Dislike to water." I need not say that this is almost sure to be the case with beer-drinkers.

b. "Longing for beer, or acid drinks." When this symptom is present, I have found sucking a lemon to relieve the thirst and nausea, as well as to be very grateful to the palate. Lippe, in the *Hahnemannian Monthly*, vol. i., calls attention to the value of *Kali bichromas* in the dyspeptic sufferings of those who indulge to freely in malt liquors, especially in ale. The observation I have verified again and again.

c. "Dislike to meat, which deranges digestion." I infer from this that pain is felt after taking meat; it is this pain after taking animal food that I have particularly noticed as yielding to *Kali bichromas*—cases in which pepsine is useful. I have also noticed that persons who have this dislike to meat and feel pain after eating it, have frequently been great devourers of flesh food, and have also been in the habit of drinking beer freely.

4. Taste. The "taste in the mouth is coppery;" "sweetish sour;" "with eructations." In the cases which I have seen cured by this medicine, the taste has usually been coppery and the eructations sourish, attended with a burning pain at the throat and in the stomach—a kind of heartburn.

5. "Pressure or weight at the stomach immediately after a meal." I was lead to appreciate the value of this symptom by Dr. Lippe, who says, in the *Hahnemannian Monthly*, vol. i: "The indications for its application in this form of disease (dyspepsia) we find in Symptom 479. After a meal, which had been enjoyed, a sensation as if digestion was impeded, and the food rested on the stomach like a heavy weight. *Kali bichromas* will relieve this symptom often. *Nux vomica* has something very similar; but the difference between the two remedies is, that heavy weight and pressure on the stomach is felt under *Kali bichromas* immediately after a meal, while under *Nux vomica* sometimes one to three hours elapse before it is felt." For some time after reading this passage, I was often disappointed with *Kali bichromas*, where I had prescribed it to meet this characteristic condition. I had, however, mistaken *weight* for *pain*, and had prescribed it where there was *pain* immediately after food.* Further, we are all well aware how difficult it is to get patients to state exactly the kind of sensation they experience; they often say *pain* where there is weight, and *vice versa*. Since I discovered my error I have often seen this symptom relieved by *Kali bichromas*, especially where it has been associated with the characteristic condition of tongue I have described, together with other gastric sufferings. As an illustration, I give the following case:

A lady, "fat, fair, and forty," of florid complexion, accustomed to take beer with her lunch, dinner, and supper, besides whisky-and-water as a night-cap, had been subject to severe attacks of indigestion. She suffered also from enlarged liver and jaundice. She complained also of great weakness, though looking as if some work would be good for her. The appetite was poor, though she must eat often, as she otherwise felt faint, and had nausea. The nausea was better after a meal. She also had heartburn, but not much flatulence; some risings after food; and metallic taste at other times. She had pain at her stomach immediately after taking food, especially after meat; she had some headache and giddiness; the bowels were confined; urine high colored; the abdomen was bloated; her tongue was too red and dry, but with yellowish or brownish fur on it; the arches of the palate were red; her catamenia were irregular and excessive.

In this case I was much puzzled, for although I knocked off her beer and whisky, and gave her some dry sherry, and some pepsine with her meat, and as medicines prescribed *Sulphur*,

* That it is also useful where there is pain after food I have noticed before, but then the pain has generally followed animal food.

Capsicum, *Belladonna*, and *Nux*, she remained without much relief. I turned again to the Repertory, in which I found, under *Pain* immediately after food, amongst other medicines, *Baryt. ac.*, *Bryonia*, *Capsic.*, *Cocc.*, *Graph.*, *Thuja*, but they did not seem to meet her case. I examined her again; found that she generally suffered from rheumatism, even when she considered herself well; and remembering that it was a characteristic of cases indicating *Kali bichromas* for rheumatism to appear on the cessation of gastric symptoms, I studied that medicine and Lippe's observations upon it, and I now found out my error respecting the pain and the weight. On cross-questioning her, she told me that the sensation she had was more like a weight than a pain, but she thought it both weight and pain, I at once gave her *Kali bichromas* 3 *ter in die*, which aggravated her symptoms. I let her wait two days without the medicine, and repeated it in the 6th dilution. To my great delight, as well as to hers, it speedily removed all her sufferings.

6. The relief of gastric symptoms as soon as rheumatic pains appear I do not suppose I need call attention to, as it is an indication for *Kali bichromas*, which I imagine has been verified frequently. In the case I have just detailed, I have since attended the patient for rheumatism.

7. The facial expression. *Kali bichromas* generally suited to persons of a florid complexion, of a blotchy, red appearance and thick skin.

Since that time this medicine has been one which has served me well. Dyspeptic beer-drinkers and others, where this symptom of stomach disorder has been present, or where there has been a craving for beer, dislike to meat and suffering from it, with eructations, nausea, vomiting of food, headache and giddiness in the morning, and the tongue as I have described it, and especially where such symptoms are present in fat and florid persons, *Kali bichromas* is a valuable remedy.

HYDRASTIS CANADENSIS.

Hydrastis canadensis is the next medicine I propose to remark on in relation to dyspepsia. I do not remember to have read of any symptoms specially indicating its employment, but, as I have frequently used it with benefit, I will note some of those features which have been peculiar to the cases of dyspepsia in which I have prescribed it.

1. The facial expression. This is dull, heavy, of a yellowish-white color, sodden-looking, not unlike that in which *Mercurius* is indicated, but whiter and having less animation. Though there is in the proving no reference to the expression or

complexion as affording reasons for selecting *Hydrastis*, I have frequently found that when the gastric symptoms calling for this medicine have been present the character of face has been that I have described.

2. Tongue. The tongue is large, flabby, and slimy-looking. Underneath the fur the tongue is of a bluish-white color, having in its edges the imprints of teeth; so far it is like the *Mercurius* tongue, but lacks the tremulous character of this organ, so often seen in cases benefited by *Mercurius*. The coating is a yellow, slimy, sticky fur.

There are morbid states occurring in other organs to which *Hydrastis* is homœopathic, but where the appearances of the face and tongue I have described are not present. In the dyspepsia it relieves, both are met with.

3. Eructations. These are generally sour or putrid and more commonly the former than the latter.

4. Appetite. The appetite is generally bad, the power of digesting bread and vegetables being especially weak; both are followed by eructations.*

5. Stomach. There is in the stomach a sensation of weight (not as after *Nux* and *Bryonia*, "weight like a stone,") and with the weight and fullness, an empty, aching, "gone" feeling, more or less constant, but aggravated by taking a meal. The aching "gone" feeling is something like that produced by *Gelseminum*, but is attended with more general fulness of the stomach, and more *sour* eructations. Further, although the *Gelseminum* tongue is sometimes coated white or yellow, it is not so large and flabby as is the *Hydrastis* tongue. This symptom is, I am aware, produced by many other medicines besides *Gelseminum*, especially by *Ignatia* and *Cimicifuga*, but *Ignatia* and other medicines do not give rise to the other symptoms peculiar to *Hydrastis*. In tea-drinkers this symptom occurs frequently, but with them the tongue is generally white (except when colored by the tea,) and in their dyspepsia *China* if often found to answer better than other medicines, especially in removing the flatulence with which they are commonly troubled.

6. Action of the bowels. This may be either infrequent and constipated, or frequent, with the stools loose, soft, light-colored, and with flatus. But as a rule the bowels are constipated, and stools lumpy and covered with slimy mucus in cases indicating *Hydrastis*.

---

* The provings show it to cause dislike to meat and vegetables which excite eructations. In my experience I have not observed the dislike to meat in the cases I have cured with it—but only bread and vegetables.

7. The phthisical constitution. I say phthisical constitution, because there is a dyspepsia which often occurs in persons in whom phthisis is fully developed. They are patients, members of whose families have died of phthisis, but who, without having tubercles in the lungs, suffer every three or four weeks or longer from what they call bilious attacks and indigestion. Such persons generally have dyspepsia marked by the symptoms I have named. Here *Hydrastis* in one or two drop doses of the mother tincture two or three times a day, works marvellous changes for the better. Then, again, in persons with developed phthisis pulmonalis, with cough, purulent expectoration, emaciation, furred tongue, loss of appetite, "goneness" at stomach, flatulence in the bowels, faint feeling after stool, stools generally loose and frequent—in such cases *Hydrastis* in alternation with *Arsenicum* will often prove very beneficial. *Iodide of Arsenic* is also useful, but where it is so the tongue is generally less furred, and there is less flatulence. The late Dr. Marston called attention to the value of *Calcarea carbonica* in the dyspepsia of phthisical patients who had "fulness of the stomach, acidity, dislike to meat and hot food, with pain and pressure in the stomach, vomiting and headache." I can quite endorse his observations, but in such cases night sweats and other symptoms of *Calcarea* are generally present, which we do not find to have been caused by *Hydrastis*.

I have not alluded to one symptom printed in italics, in Hale's article on *Hydrastis*, viz, "great sense of sinking and prostration at the epigastrium, with violent and long continued palpitation of the heart." I have never noticed this symptom to have occurred in patients for whom I have prescribed *Hydrastis*, even in doses of five drops of the mother tincture, neither do I remember ever having given it for that symptom.

In *Hydrastis* dyspepsia I have generally found the lower dilutions, such as the 1st decimal, answer best; but in catarrh of the head, nose, and fauces, indicating this remedy, I generally give the 6th centesimal, as in nearly all the provings of this medicine by dilutions, up to 30, catarrh of these parts was most marked.

SEPIA.

Sepia is the other medicine I propose to refer to. It is, I think, less seldom used in dyspepsia, especially in the dyspepsia of men, than it deserves to be. I have found it more particularly called for in dyspepsia associated with torpor of the liver, headache, and drowsiness.

In the dyspepsia cured by *Sepia*, we find:

1. The face. Expression dull, heavy, without animation; yellowish color round mouth; browner upper part of face. Skin frequently marked. *c.* Freckles and scurfy or rough thick lips. This is my characteristic of it.

2. The tongue coated white; to have a sense of soreness at the tip, and to feel as if scalded. The two last indications I have noted in reading, but have not met with in practice; the first I have seen repeatedly. The peculiarity of the tongue in the dyspepsia of *Sepia* is, that, while dyspeptic symptoms are well marked, the tongue itself is but little coated, underlying the exceedingly thin white coating at the posterior part, the color of the organ is natural. The appearance of the tongue, in short, differs in no particular from that consistent with good average health. The *Sepia* dyspepsia, then, has a clean tongue, often a little cracked in the surface, and slightly coated white at the root. In women with uterine symptoms pointing to *Sepia*, and benefited by this remedy, I have occasionally seen the tongue furred. The shape is peculiar, being somewhat like that noticed as caused by *Kali bichromas*, viz. broad, flat, and having its edges slightly raised.

3. Aversion to kinds of food. In the *Sepia* dyspepsia there is an aversion to meat and milk, both of which excite diarrhœa, While, as has been already remarked, there are many medicines causing an aversion to meat, none is recorded as at the same time giving rise to diarrhœa except *Sepia*. Equally true is it that there are many medicines which create a dislike to milk, but there is none that has a tendency to diarrhœa associated with this symptom except *Sepia*.

Clinically, I have seen aversion to meat in dyspepsia cured by *Sepia*, but have not noticed any coincident diarrhœa. On the other hand, I have frequently observed an aversion to milk, with diarrhœa, and diarrhœa following milk, without any distaste for it, in cases of dyspepsia in which *Sepia* has been useful.

4. Eructations sour, bitter, putrid like rotten eggs. As a rule, the eructations are sour or putrid. This is, of course, a symptom common to many medicines, but I have never seen it cured by any other remedy than *Sepia*, when associated with the kind of tongue I have described as characteristic of the dyspepsia to which it is related.

5. "*Beating in the scrobiculus cordis while eating being greater according to the quantity eaten.*" The symptom of *Sepia* is given by Meyer. Although there are other medicines which cure throbbing at the stomach, in only two do I find it recorded as occurring after meals, viz., in *Kali carb.* and *Phosphorus;*

while in neither is it so marked as in the proving of *Sepia*. I have seldom observed this symptom as one of simple dyspepsia, but have frequently noticed it in cases of uterine disease and anæmia, when these are associated with a gastric disturbance.

6. "*Pressure in the stomach, as from a stone, after eating, and at night.*" Pressure like that of a stone at the stomach after eating results from several drugs, but under none is it stated to have been observed only at night, except under *Sepia*. Dyspeptics whose symptoms resemble *Sepia* are frequently troubled with this symptom, and early in the morning with a feeling of emptiness, amounting almost to a canine appetite. It is this symptom which I presume the late Dr. Marston alluded to as pain at the stomach, relieved by food. Meyer describes it as "a hard pressure at the stomach, like a stone, when fasting, especially after bread." I have never noticed this symptom when fasting, except early in the morning, when it has been continuous with the night pain, and is generally associated with nausea. I think the symptom referred to by Dr. Marston would probably be more quickly relieved by *Chelidonium* than by *Sepia*. The pain occurring after bread I should expect to see frequently in *Sepia* dyspepsia, but I have more often seen it where either *Mercurius* or *Pulsatilla* have been indicated.

These have been the principal dyspeptic symptoms, I have noted as being cured by *Sepia*. They are associated more or less with headache, especially in the occiput, and worse in the evening, with nausea; retching worse in the morning, and during movement; constipation, with insufficient stools; urine depositing lithates; and in women with scanty catamenia. If with these there is the characteristic tongue. *Sepia* in the 6th or 12th centesimal will generally cure.

To sum up my remarks, the principal "characteristics" of these medicines in gastric dyspepsia have been:

1. *Facial expression.* This has been noticed under three medicines. In *Chelidonium* there is nothing particularly remarkable about the complexion, except that it is whitish yellow. *Hydrastis* and *Sepia* are very much alike in this respect, but the latter has a rough dry skin with freckles and large lips. That of *Kali bichromas* is red, florid, and blotchy, and the skin appears thick.

2. *The tongue.* A different state has been observed as indicating each medicine. *Chelidonium* has a moderately dry tongue without much fur, and that whitish; the underlying color being natural; the shape, narrow and pointed. *Kali bichromas* has a dry or slightly moist, rough tongue, the

coating being thin, yellowish, and lying on a red ground ; the shape being broad, flat, or with edges raised and almost scollop-shaped. *Hydrastis* causes the tongue to be large, flabby, slimy, with imprints of the teeth, coated with a yellow, slimy, tenacious fur, and of a bluish white color underneath it. The tongue of *Sepia* is like that of *Kali bichromas* in shape, though not so much altered as it, rather cracky on the surface, slightly coated white at the root, and rather moist.

3. Under *appetite* and desires or dislikes for particular kinds of food, followed by relief or pain, I have noticed—

a. Desire for milk, which produces comfort under *Chelidonium*, whilst *Sepia* creates dislike to milk, which cause diarrhœa. *Phosphorus* and *Ignatia* causes dislike for milk ; the former does so, attended by sour eructations. *Arsenicum* and *Rhus* excite a desire for milk ; sour risings following its gratification after *Rhus*. Whether these can be regarded as characteristic symptoms of these medicines I do not stay to enquire.

b. *Longing for wine, which does not cause congestion of the head as formerly*, comes under *Chelidonium ;* and *longing for beer* is produced by *Kali bichromas*. I have noticed that this medicine nearly always causes pain when beer has been taken. This longing for beer and wine is excited by other medicinrs, especially by *Bryonia*, *Calc. c.*, *China*, *Hepar sulph.*, *Sepia*, etc. ; and I have occasionally noticed that where there is this desire with suffering after indulging it, that *Kali bich.*, *Nux*, *China*, or *Sulphur* are indicated.

c. *Dislike to bread and vegetables, which cause eructations*, indicates *Hydrastis*.

d. *Meat which deranges digestion* calls for *Kali bichromas*. The dislike to meat is also, I believe, a symptom peculiar to *Calc. carb. ;* at all events, the late Dr. Marston calls attention to it. It is also caused by *Sepia*, though not followed by pain. It is recorded as having been excited by several medicines, especially by *Arnica*, *Arsenic*, *Belladonna*, *Calc. c.*, *Chelidonium*, *Lycopodium*, *Mercurius*, *Nitric acid*, *Pulsatilla*, and *Rhus*. I have occasionally met with cases where some of these medicines have been otherwise indicated, there has been at the same time the dislike to meat with pain after taking it.

e. "*Prefers hot things.*" This occurs under *Chelidonium*. I have noticed that even milk must be taken warm by patients requiring *Chelidonium* to correct their dyspepsia. It is the opposite of *Calcarea carbonica*, which excites a desire for cold things.

4. *Pains in the stomach.*

a. Aching, gnawing, constrictive feeling aggravated by pressure, relieved by eating or during the hours of digestion. This follows *Chelidonium.* Aching, gnawing and contusive pains in the stomach, occurring during fasting and relieved by food, are giving as symptoms under *Nux*, *Petrol.*, *Pulsatilla*, and *Nitric acid.* I have seen *Nux* and *Nitric acid* (more frequently the former) relieve when there has been this symptom in dyspeptic patients; but in such cases the tongue has been entirely different to the tongue of *Chelidonium.*

b. "*Pressure or weight at the stomach immediately after a meal*" I have noticed to be an indication for the use of *Kali bich.* In the Repertory, *Baryta ac.*, *Bryonia*, *Capsicum*, *Cocculus*, *Graphites*, and *Thuja* are mentioned as causing pains immediately after food; but the kind of pain, pressive like a weight, is not described under either, though *Bryonia* and *Cocculus* would most likely be analogous to it. In my record of characteristic indications, I find pain in the stomach and abdomen immediately after food to be mentioned under *Arsenicum;* also a "feeling of fulness up to the throat immediately after a reasonable amount of food" under *Arsenicum;* and "after a small quantity of food" *Lycopodium.*

c. *An aching "gone" feeling in the stomach* with a general feeling of fulness not like a stone; and the "gone" feeling at the stomach being rather worse than better after a meal occurs in a marked degree under *Hydrastis;* although produced by other medicines, in none, that I am aware of, is it associated with the peculiar tongue of *Hydrastis.* For although *Kali bichromas* has weakness and sinking at the stomach when fasting and after a meal, it is, I believe, always associated with the broad, flat, red tongue characteristic of that medicine. *Lycopodium* has this symptom also after food, and may perhaps meet the condition where *Hydrastis* fails.

d. *Beating in the scrobiculus cordis* while eating, becoming greater according to the quantity eaten, occurs under *Sepia*, and is also recorded as a symptom under *Kali carb.* and *Phosphorus.*

e. *Pressure in the stomach, as from a stone, after eating*, particularly at night. The kind of pain is common to many medicines after a meal, but does not occur at night except in consequence of *Sepia.*

5. *The constitution.* Under this head I have called attention

to *Hydrastis* as useful in the dyspepsia of the phthisical diathesis.

In conclusion, I would observe, that while admitting that symptoms similar to those I have dwelt upon are capable of being procuced by other medicines than those I have named, I have found that cases of dyspepsia, in which these symptoms are marked, have generally presented a number of other symptoms like those described as resulting from the drug to which each "characteristic" belongs. And I have further found the whole group of symptoms yield more promptly to the remedy thus indicated than to any others.

CLINICAL CASES.

I. June 19th, 1871, was called to treat U. E———, Kentuckian, aged 50 years, who has been complaining for several days with general malaise, anorexia, pain in head, chest, back and muscular system. Bowels constipated, tongue furred, coated whitish yellow. Pulse 60, weak and occasionally irrigular. He tells me he has a "right smart" fever every day from 10 to 12 A. M. Complains of what he call sinking spells, whenever he attempts to arise from the bed. Informs me he has always been "right pert" with the exception of a *fever* which he had a few years previous.

Auscultation and percussion revealed some cardiac enlargement with slight regurgitation, due to imperfect closure of the mitral valves. ℞ *Nux vomica* 2x every six hours and *Gelseminum* 1x every hour, between other medicine.

22d. Fever, pain and sinking spells considerably relieved, no appetite, thirst, with distress in the stomach after drinking. Ars. 3x and Nux 2 in alternation every three hours.

24th. Symptoms all better, some appetite, complains of a slight fever in the forenoon aecompanied by headache. Medicine continued.

27th. Appetite good, has pain in cardiac region on moving, bowels inclined to constipation. ℞ Bry. 3x and Sulph. 4th, and recommended sitting up as much as he was able.

30th. Pain not so severe in chest, bowels regular, patient

objects to sitting up, is not disposed to put forth any exertion to help himself. Ars. 3x and Bry. 3x.

July 7th. Received a telegram stating patient was worse. On visiting him I found he had eaten a hearty supper the night before of sour bread which had well nigh proved too much for his digestion. Administered Nux 2x until considerably relieved when I left. Aon. 1x to be alternated with the Nux. Recommended a good, healthy diet to be used with judgement, and to take as much exercise as he was able.

Aug. 20th. Happened to be in the vicinity, called and found my patient still in bed, although, looking healthy and well, pulse regular, regurgitation present, but not enough to account for his "sinking spells," and would not be persuaded to even try to sit up a few minutes. I informed him he was as able to sit up and exercise as he had been for years, but could neither make him angry or induce him to follow my advice.

Dec. 20th. I have learned from a neighbor he still keeps the bed, will not even sit up in a chair, his appetite is good and to all appearances enjoys good health.

Feb. 1873. His friends informs me my pseudo patient is still in bed enjoying a good appetite and apparently as well and fleshy as ever. His father when about the same age was troubled with the same malingering trouble; although in seeming good health, he persisted in keeping his bed for five years.

CASE II. May 10th, 1870. Miss G——, aged 14 years, has been subject to chills *every spring* for the past five years, at which time she had typhoid fever. Always treated heroically, although by several different physicians, the result has been the same. The chills persisted in returning in every instance for about six weeks; disappearing with settled summer weather.

℞ One powder of Arsenicum 200 c at bed time, to be followed by a powder Sac. lact. each succeeding night for a week, and to report at the expiration of that time, or sooner if the case became worse. Only one chill after taking the first powder: relief complete.

CASE III. Nov. 3d, 1871. J. S——, age about 40 years, has been troubled for years with inflammation of the right knee.

is unable to get about at times. The joint is fully one-half larger than its mate, œdematous and painful on pressure, or from exercise. ℞ *Silicia* 3x every night, and to bathe the knee night and morning in a watery solution of Iodide Potass. 10 grs. to the ounce.

March 4th, 1872. Informs me the pain and nearly all the swelling disappeared within ten days after he commenced the use of the medicine, and the knee has been subject to orders from headquarters until within a few days: thinks he has taken cold in the joint. Some chronic enlargement but very little swelling; he desires more of the same medicine: seems astonished at tne effect of what he calls a little sugar and water. Continued the medicine with the same result as before.

Litchfield, Minn. J. S. BELL, M. D.

DIOSCOREA VILLOSA IN INFANTILE COLIC.

CASE. Litte girl of two years had taked cold followed by severe colic pains, occurring in well defined paroxysms. As she was also teething, I gave Pulsatilla 3x and Mercurius 2x.

Next morning found she had spent a sleepless night and had had one discharge per anum of nearly pure blood with persistent straining and tenesmus. Merc. corr. 30 stopped everything but the colic. Pains come and go suddenly. She had no pains during my stay in the room. Bell. 3c followed by some relief. Next day, however, she was as bad or worse than ever, and was vomiting ingesta, could retain *no* food, bowels now costive. Ordered injections of warm water and sweet oil. Colic pains were frequent and severe. She bends backward during pains. Gave Dioscorea 1x 3 drops in 2 oz of water, ½ teaspoonful every 2 hours. Two doses cured. When I next called 4 hours afterward, she was trotting around, happy and free from pain. C. D. FAIRBANKS.

STRYCHNINE IN OPIUM POISONING.—At Kinkiang (on the Yangtse,) Dr. Shearer *(Edinburgh Medical Journal)* has been using Strychnia in cases of Opium-poisoning, with a success which bids fair to rival the magnificent results obtained by Dr. Johnson at the Chinese Hospital at Shanghai from Atropine.

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

XII. PSEUDO-MEMBRANOUS BRONCHITIS.

Pseudo-membranous Bronchitis is by far the most dangerous of all the varieties of bronchitis, and yet we have in all the literature of our school, only a very few scattered notes and observations relating to it. Nor are our brethren of the self-styled "Regular" school any better off, for they have no systematic essay on the disease and only a few observations on its pathology, while their treatment is enveloped in darkness which may be felt. The literature of the active and energetic eclectic school is still more barren though it is probable that their therapeutics would be infintely superior to that of the allopathic physicians, for the simple but sufficient reason that the eclectic school is emerging from the wilderness of poly-pharmacy, and by the adoption of Specific Medicines and Specific Medication is placing itself alongside of the school of Hahnemann. When about to commence this paper, I asked a medical friend, well read in pathology, if he had any points of interest to tell me. He remarked that he had not seen many cases, and asked me why I wrote on such an obscure subject. I replied that I wrote precisely because it was obscure and comparatively rare, so that we may have some essay, however slight and imperfect, to which the physicians of our school can add till our knowledge of this malady is as complete as our knowledge of, say spasmodic croup. A physician in active practice may see many score of cases of bronchitis when he is suddenly confronted with some cases of special difficulty which, perhaps too late, he recognizes

as pseudo-membranous bronchitis, and I commence this essay trusting that my colleagues will record their experience in the *Observer* and thus deepen and strengthen our knowledge of this most fatal form of bronchitis.

Pseudo-membranous bronchitis, then, may be defined to be that variety of bronchitis affecting the larger as well as the capillary tubes, in which the product of the inflammatory irritation is of a fibrinous or albumino-fibrinous nature. It was called "plastic bronchitis" by some of the older writers, and "bronchial croup" and "*bronchitis polyposa seu membranacea*" by some of the later ones, but pseudo-membranous bronchitis seems to me to be the most appropriate name. As to its nature, it may be briefly said that it is connected with an excess of fibrinous or fibro-albuminous material in the blood, co-existing with a disposition in the inflamed vessels to secrete it.

Pseudo-membranous bronchitis is fortunately a rare form of bronchitis, and perhaps not more than one per cent. of all cases of bronchitis are of this variety. It seems to have a tendency to occur in cycles, precisely like diphtheria, though with much less regularity. A considerable number of cases will appear when bronchitis is prevalent, and I have noted that it is more likely to appear on low and swampy lands rather than on high and rolling ones. Certain it is, that most of the cases I have seen were on the shores of sluggish creeks or of stagnant ponds. It most frequently affects children of from two to ten years of age, and it rarely appears in infants. I have never observed that it has any preference for sex, though *a priori* one would imagine that boys would be more subject to it than girls. It never appears in a chronic form in children, though tracheitis of the pseudo-membranous variety is sometimes noted in them, while chronic pseudo-membranous bronchitis is sometimes seen in adults. I remember seeing a case in London, Ontario, in the year 1854, under the care of Dr. A. T. Bull, in which the patient expectorated perfect casts of the bronchial tubes extending from the medium sized to the most minute capillaries, and this pseudo-membrane was dense, tough and slightly elastic.

The early symptoms of pseudo-membranous bronchitis are strikingly similar to, indeed almost identical with the symptoms of severe capillary bronchitis. Of course by the word "symptom" I understand the *tout ensemble* of the disease—the internal changes as well as the external indications—in fact, all that the physician can detect amiss by the aid of all his senses. The disease commences like ordinary bronchitis, but almost from the first the dyspnœa is greater than the stage of the disease or the calibre of the bronchial tubes would warrant. The dyspnœa increases gradually when the larger or medium bronchi are the seats of the disease, but suddenly when the capillary bronchial tubes are effected. This dyspnœa is caused by the extravasation of the pseudo-membrane on the surface of the mucous membrane of the bronchial tubes—forming a true mechanical impediment to respiration. The breathing now becomes very much embarassed and the patient stretches the neck and gasps for breath with eagerness. The cough is hoarse and muffled, and expectoration is almost wholly absent. The expectoration, when present, is thick and glutinous, containing minute fragments of fibrinous membrane--altogether very unlike the expectoration of ordinary bronchitis. The face now becomes pale and cool, and the lips are purplish while the expression of the countenance denotes anxiety and alarm. The pulse is feeble and fluttering, while the hands and feet are cool, and as the disease advances, the coldness extends along the limbs to the trunk.

In the early stages of this malady, percussion is normal or nearly so, but in the advanced stages it is very dull. At first the auscultation is similar to that of capillary bronchitis, only much exaggerated, but further on the sibilant râles are very hissing, and as the mucus is tightly adherent to the mucous membrane of the bronchial tubes, the mucous and sub-mucous râles are faintly heard, in fact the hissing through the narrowed bronchial tubes constitutes the grand feature of the physical diagnosis of pseudo-membranous bronchitis.

In the most exaggerated form of this disease where the pseudo-membrane is identical in texture and composition with that of true croup, the attack of dyspnœa may be so

sudden and violent as to destroy life within a very short time unless something is done to relieve the terrible paroxysm. There is a certain amount of danger resulting from the severe shock to the nervous system, but much more danger results from the interference of the disease with the free access of the life-bearing oxygen to the pulmonary cells, and consequently with the aëration of the blood. *This* is the pressing danger, and nothing must be permitted to distract the physician's attention from it. Venous blood charged with carbonic acid and deficient in oxygen, is propelled through the arteries, at once producing its depressing effects on the brain and on all the dependent functions. The face becomes pale, or at times purple or livid, the lips are pale and cold, the pulse frequent, feeble and fluttering, while the countenance and all the actions of the sufferer denote great anxiety. Suddenly the powers of life begin to flag, the extremities become cold and clammy, feeble complaints are made of great thirst, coma or delirium supervene and death takes place often amid convulsions.

But should a favorable issue be about to take place, the hissing of the sibilant râles become softer for the calibre of the tubes is now somewhat greater, and the mucous râles become more distinct for the mucus is now more fluid and is no longer tightly adherent. The dyspnœa diminishes, notably at first for a short time, afterwards for gradually increasing intervals. The cough becomes more frequent and less muffled and the relief afforded by it is very marked if the patient should raise any of the products of inflammation, even if these should afterwards be swallowed as they likely would be. The face loses its pallid or livid hue, for blood charged with a due portion of oxygen is now propelled through the capillaries and animal heat returns to the extremities of the body. The pulse is now less feeble and fluttering and gradually the patient returns to health, the cough which is a necessary relief to the disease, being invariably the last thing to disappear.

As to duration, pseudo-membranous bronchitis is often an exceedingly rapid disease. It is self-evident that no child can live long with such a mechanical obstruction to respiration, and hence the necessity for close watching and prompt action

and for that physical diagnosis which physicians of all schools are but too apt to neglect. My own experience is that relief should be afforded within six hours of the time of exudation of the pseudo-membrane, and that time is very distinctly marked by the intense dyspnœa and the peculiar auscultation in order to ensure a fortunate issue. If a case should run twelve hours without relief from the time of development of the characteristic membrane, I should say that the chances of recovery are bad, unless the patient is unusually tenacious of life. Rokitansky thinks that "it assumes a certain degree of periodicity in its attacks."

The pseudo-membrane may be in patches in certain portions of the bronchial tubes, while in other cases it is continuous throughout all the bronchial ramifications of a large part of the lungs. The false membrane varies much in thickness, being sometimes of the most delicate tenuity and sometimes almost a line in thickness. As to consistence, when albumen predominates, it is softer and less perfectly organized, but when fibrin forms the principal portion of the membrane, it is tough, compact and elastic, in fact, perfectly analogous to the pseudo-membrane of true croup. In color it is pure white, yellowish white or grey, and sometimes it has a well marked greenish tint, but it should be noted that the thickness, texture and color vary in different parts of the morbid mass, being most distinctly marked in the centre of the affected parts. If the patient died soon after the exudation of the pseudo-membrane it will be found to be closely adherent to the mucous membrane of the affected bronchi, but if the case had lingered then the pseudo-membrane is found to be but slightly adherent. Underneath the pseudo-membrane the mucous membrane is found to be either pale and of its usual consistency, or red, softened and partially disintegrated. The pseudo-membranous exudation is more common in the bronchi of the inferior lobes than in those of the superior and middle lobes. While many tracts of the bronchial tubes show evidence of inflammatory irritation, the smaller ramifications are closed or almost closed, by whitish plugs which during life effectually prevented the access of air to the pulmonary cells, causing

them to collapse. It is very unlikely that a thorough organic blending of the pseudo-membrane with the mucous membrane of the bronchial tubes ever takes place, for here, as in pseudo-membranous croup, nature attempts a cure by the effusion of a viscid fluid between the bronchial parietes and the morbid membrane. Rokitansky remarks than "in bronchial croup, the tubular exudations from the larger bronchi present a calibre inversely proportional to their thickness, and those thrown off from the finer ramifications occur as solid cylinders."

We distinguish pseudo-membranous bronchitis from capillary bronchitis—which is the only disease with which it is at all likely to be confounded—by the greater dyspnœa, the muffled and suppressed cough, and when present, by the characteristic expectoration. The collapse is more complete, and the evidence of partial asphyxia more striking, while the exaggerated sibilant râles and the faint mucous and sub-mucous râles are quite pathognomonic.

Pseudo-membranous bronchitis is by far the most dangerous form of bronchitis, even surpassing pseudo-membranous croup in malignity. Much of this danger arises from the nature of the disease, but one cannot help thinking that much arises from a general want of knowledge on the subject. It is dangerous in proportion to the minuteness of the bronchial ramifications, for as we have seen, the pseudo-membrane is at times almost solid in the minute tubes. As a general rule, the larger the bronchi the less the danger; the smaller the bronchi the greater the danger. If the patient should survive for, say twelve hours after the full development of the pseudo-membrane the chances of recovery would be fair, for then nature attempts the cure.

The remedies having a curative relation to pseudo-membranous bronchitis are few in number, but they are effective and reliable, having accomplished cures when the sufferer was apparently *in articulo mortis*. The noble English remedy *Kali bichromicum* is the leading therapeutic agent, and if given in anything like time and *not too high*, will be found deserving of its reputation. The cough is severe and long-continued, owing to the difficulty of detaching the tenacious stringy

mucus. The dyspnœa is extreme and is relieved by expectoration, and during sleep the wheezing and rattling in the chest are heard at a distance. The whitish mucus, "as tough as pitch" and which can be drawn out into strings, is very characteristic and points to a true *simillimum*. Auscultation and percussion were not used in the proving of Kali bichromicum and yet one can hardly doubt but that the physical diagnosis of the remedy would correspond with that of the malady under consideration. In this disease I have always used Kali bichromicum, *low*. Dissolve some of the second decimal trituration in half a cup of water till the water is quite yellow, and give a teaspoonful of this preparation every fifteen minutes, and even oftener if needed.

For a number of years I have been in the habit of relying a good deal on *Sanguinaria Canadensis* in this disease, and the following case will be one of the best illustrations of its virtues.

On the evening of March 27th, of the current year, I was called to see P——, a little girl of almost four years, who had been subject to bronchial affections since birth. I found her lying on her mother's lap, the countenance pale and livid, the lips very cold, the dyspnœa extreme, while the cough was muffled as if the head had been enveloped in a blanket. No expectoration whatever, and the sibilant râles were remarkably shrill. The hands and feet were quite cold, and the half-delirium told of carbonic acid charged blood circulating in the brain. Sanguinaria, prepared as previously indicated in the *Observer*, was administered every ten minutes, and within two hours improvement had set in. The breathing became easier, the cough clearer and less husky, a tough tenacious mucus was expectorated, and with the return of a freer pulmonary circulation, warmth returned to the extremities of the body. At the same time the hissing diminished and mucous râles—at first faint and afterwards more pronounced —made their appearance. In eighteen hours the little sufferer was out of danger, and in four days she was dismissed. I place Sanguinaria next to Kali bichromicum in pseudo-membranous bronchitis, but find some difficulty in giving the differential diagnosis between the two remedies. In practice

I am guided a good deal by the auscultation. When the sibilant râle predominates and the faint or almost absent mucous râle shows that the pseudo-membrane is closely adherent to the wall of the bronchial tubes, Sanguinaria should be given ; should the sibilant râle be less violent and the mucous râle indicate a less tenacious membrane, Kali bichromicum is in place. Both remedies should be given in material doses, for the high dilutions are veritably *high delu sions* here.

From its well known curative relations to pseudo-membranous croup, *Bromine* may be recommended as the forlorn hope if Kali bichromicum, and Sanguinaria should fail, and it would probably act best giving by inhalation as well as by the mouth. We have no cases recorded in our journals, and personally I have had no experience with it.

APHORISMS.

1. Pseudo-membranous bronchitis is that dangerous form of bronchitis in which the product of the inflammation is of a fibrinous or albumino-fibrinous nature, forming membranes or casts which seriously obstruct respiration.

2. It is recognized by the marked sibilant râles and by the faint mucous rales, the former declining, and the latter becoming more marked, if a favorable issue should take place.

3. It is distinguished from capillary bronchitis by the greater dyspnœa, the muffled and suppressed cough and sometimes by expectoration, containing fibrinous casts. At the same time, the collapse is more complete and the evidence of partial asphyxia more striking.

4. It is dangerous in proportion to the minuteness of the bronchial ramifications invaded, for in the minuter tubes the membrane sometimes forms a solid plug. The smaller the tube, the greater the danger ; the larger the tube, the less the danger.

5. The principal remedies are Kali bichromicum and Sanguinaria, while Bromine may be regarded as a reserve in case these should fail. T. N.

Book Notices etc.

Cleave's Biographical Cyclopædia of Homœopathic Physicians and Surgeons of the United States.

We have received proofs of sketches soon to appear in a work to which we invite the attention of our professional readers especially. We allude to "*Cleave's Biographical Cyclopædia of Homœopathic Physicians and Surgeons of the United States*," in the course of issue from the press of the "*Galaxy Publishing Company*" of Philadelphia. The indications already furnished are promising and satisfactory. We have no need to speak of the advantages of associations in the several departments of business and professional life. Its necessity in order to the advancement of specific interests, its value as an agent in the increase and encouragement of an *esprit du corps*, in enhancing the dignity and benefit of classes or professions, and in strengthening the confidence of the general public, are well understood and fully appreciated. The Cyclopædia must prove an invaluable accession to the power of such association in the progressive school of medicine; especially in the influence it must exercise in causing many able and diffident men to emerge from obscurity and take active parts in the numerous County and State societies, and in the *American Institute of Homœopathy*.

The reputation of the "Galaxy Publishing Company" and their enterprise and liberality in securing the most efficient writers, afford every guarantee that the work will prove itself every way worthy. The sketches exhibited furnish additional evidence of this in the care and accuracy with which they have been prepared. The publishers have asked of the members of the homœopathic profession throughout the United States information which they alone can furnish, and we urge it as a duty upon every member included in the category designated in the advertisement to be found on cover of this number to comply promptly and fully with the request of notes as a means of giving an additional impetus to the progress of our cause. A number of eminent, prominent and worthy members of our brotherhood, have we learn, already responded, and their sketches are rapidly appearing in type.

The New York Journal of Homœopathy. Under the auspices of the New York Homœopathic Medical College. Carle & Grener, Publishers, No. 25 Broad Street, New York. Published Monthly. Annual Subscription, $3.00.

The first number of this new journal made its appearance March 1873. It contains: Original articles: The Anatomy, Physiology, Pathology, and Psychia of the Cranial Nerves, by J. A. Carmichael, M. D. Histology, by G. S. Allen, D. D. S. Hemorrhage, by Wm. Tod Helmuth, M. D. Lactic Acid, by T. F. Allen, M. D. Munger's Improved Splint. Hospital Reports; Rhus tox in Traumatic Suppurative Irido-Choroiditis, by G. S. Norton, M. D. Fatal Otorrhœa, by H. C. Houghton, M. D. Cysticercus in the Vitreous. Inventive Genius Extraordinary. Editorial: New York Journal of Homœopathy. Death of Napoleon.

The Cincinnati Medical Advance. Everett W. Fish, M. D., Publisher, 148 West Fourth Street. $3.00 per year in advance.

This new journal also made its appearance in March. It proposes to occupy new ground and says: "We shall stand upon a point midway between a strictly medical, and scientific journal. Of the former class we have already a large number. In our own, and other schools of medicine, we have now a full supply of monthly and quarterly periodicals devoted to medical science alone. Of scientific journals we have a few, and they are ably and successfully conducted. The "*Popular Science Monthly*," published by D. Appleton & Co., and edited by Prof. Youmans, is worthy the wide popularity it has achieved in the first year of its existence. Its success shows a growing taste for scientific investigation. To meet this taste, so strongly marked in the public mind, we shall endeavour to shape the course of the *Advance*. Our medical basis is unmistakeably homœopathic. We believe the hope of this school in the future, lies in its alliance with modern science."

"We are not discouraged that some of these questions have met with a rude rebuff. If the second sober thoughts of our professional leaders do not induce them to accept the teachings of modern science and enlightened philosophy, we shall have to change leaders, that is all."

This journal is neatly printed, and if it takes an *advance* position and maintains its advance persistently, it will be longer lived than some of its predecessors.

The treatment of Typhoid fever with a few additions, a part of the Analytical Therapeutics, by Constantine Hering, M. D. Boericke & Tafel, New York and Philadelphia.

This is in quarto form, 24 pages with cover, double columns. This number is a specimen of the book, which will be published without delay if the profession desires it. The first part of the work will contain full advice: *How the book is to be used.*

As a fair sample of the arrangement adopted by Prof. H.

CONSTIPATION; alternating with looseness of bowels; *Arsen.*, or offensive watery diarrhœa: *Opium;* no diarrhœa: *Helleb.;* no stools for a long time: *Apis;* costive: *Baptis. Bryon. Hyosc. Lycop.;* "dog stools:" *Phosphor.* six days: *Pulsat.;*—and vertigo, sour, or bitter eructations: *Nux vom.*

If constipation still exists, and hence the intestinal ulceration has not yet commenced, and if the sudamina and petechiæ have already broken out during the inflammatory stage: *Bryon.* If not costive, do not give Carb. veg. JAHR.*

---

* I have not yet lost a single patient, in whom, up to the time of the crisis, when papescent stools afford relief, the bowels remained costive. JAHR.

I said the same more than twenty years ago, and can repeat it now: hardly in the *third week* the non-appearance of a stool is to be regarded. *The same applies in child-bed.* C. HG.

A Practical Guide for making post-mortem examinations, and for the study of Morbid Anatomy, with directions for embalming the dead, and for the preservation of specimens of morbid anatomy, by A. R. Thomas, M. D., Professor of Anatomy in the Hahnemann Medical College of Philadelphia, etc. N. Y. and Phil., Boericke & Tafel. $3.

This work has been prepared with a view of supplying a want, the existence of which has long been felt by the author, both in his private practice and public teachings. No pretension is made of offering a complete work on Morbid Anatomy, the object having been, merely to present the practitioner and student with a practical guide for making post-mortem examinations, to give them hints as to what they are to look for in such cases, and, finally, to aid them in recognizing the various morbid appearances as they are exposed to view.

Fistula, Hæmorrhoids, Painful Ulcers, Stricture, Prolapsus, and other Diseases of the Rectum, their diagnosis and treatment, by Wm. Allingham, F. R. C. S., Surgeon to St. Mark's Hospital for Fistula, etc. Second edition, revised and enlarged by the author, Lindsay & Blakiston, Philadelphia. $2.00

The *Medical Press and Circular*, speaking of this work, says: "No book on this special subject can at all approach Mr. Allingham's in precision, clearness, and practical good sense," and *The London Lancet*, recommends it "as a practical guide to the treatment of affections of the lower bowel."

It is doubtless well deserving of study by our surgeons.

Colleges, Societies, etc.

TWENTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirtieth anniversary and twenty-sixth session of the American Institute of Homœopathy, will be held in the city of Cleveland, Ohio, commencing Tuesday, June 3d 1873, and continuing four days. The usual *preliminary meeting* will be held at the residence of Dr. N. SCHNEIDER.

There is every reason for believing that this meeting will be largely attended, and that the reports of the various bureaus will be more than usually full, interesting and valuable. In accordance with the plan of the Institute—that each bureau shall select a special subject for presentation and discussion—the following bureaus have notified the General Secretary of their selection of the annexed subjects :

Bureau of Materia Medica, etc.—Provings of Eucalyptus. Verification of symptoms.

Bureau of Clinical Medicine.—Phthisis pulmonalis.

Bureau of Obstetrics, etc.—Leucorrhœa.

Bureau of Surgery.—Diseases of Bones and their Medical and Surgical treatment.

Bureau of Anatomy, Physiology and Hygiene.—What is the best diet for the sick in general, and what is the best in particular diseases ?

Bureau of Psychological Medicine.—

Bureau of Ophthalmology and Otology.—

Papers on these subjects are solicited by the various bureaus. Papers upon other subjects are not intended to be excluded, but are also solicited. All papers upon Medical or Surgical subjects should be forwarded to the chairman of the appropriate bureau, or to the General Secretary.

Officers of homœopathic Medical Societies and Institutions, are earnestly requested to send a written report of the condition, etc., of said Societies and Institutions in advance of the meeting, to Dr. W. M. Williamson, 29 North 11th Street, Philadelphia, chairman of the bureau of Organization, Registration and Statistics.

It is hoped that physicians will make a strenuous effort to attend this meeting of the Institute, and do what they can to make it subservient to the advancement of medical science.

The Institute will be hospitably entertained by the physicians and other citizens of Cleveland, during the session.

A circular will shortly be issued by the General Secretary in which further information will be given, including that relating to Railroads.

Members of the profession wishing blank *applications for membership* will be promptly supplied by applying to

ROBT. J. MCCLATCHEY, *General Secretary*,
No. 918 North 10th Street, Philadelphia.

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.—Editor American Observer.—There are now a comparatively large number of surgeons in our school giving some special attention to diseases of the Eye and Ear. The bureau of Ophthalmology and Otology has been established by the American Institute of Homœopathy in order that valuable articles might be written, and valuable facts gathered up pertaining to these subjects. I beg in behalf of the bureau to solicit contributions from all interested. It is to be hoped that our profession will give this department a strong support. Contributions will be received by any member of the bureau, or the undersigned. T. P. WILSON.

CIRCULAR OF THE BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE. In compliance with the resolution adopted at the last meeting of the American Institute of Homœopathy, the Bureau of Anatomy, Physiology and Hygiene, has selected the following subject for discussion at the next Annual meeting. "*What is the best diet for the sick in general, and what is the best in particular diseases?*"

By opening the subject of diet on this broad basis, it is hoped that the discussion may elicit much practical matter relating to this important question.

Papers pertaining to this subject, or to others connected with this Bureau, are earnestly solicited. Communications should be directed to the chairman, or to other members of the Bureau.

Dr. A. R. Thomas,	*Philadelphia, Pa.*,	Chairman.
Dr. J. D. Buck,	*Cincinnati, Ohio.*	
Dr. S. S. Guy,	*Brooklyn, N. Y.*	
Dr. R. N. Foster,	*Chicago, Ills.*	

HOMŒOPATHIC ASSOCIATION OF BOSTON UNIVERSITY ORGANIZED.

The movement which was put on foot by a number of leading homœopathic physicians and acknowledged and supported by the sentiment and work of the friends of this medical practice, to wit: the establishment of a Medical Department of the Boston University, was crowned March 12th at Wesleyan Hall with all the power and dignities of organization. Quite a large number of physicians, including several ladies, assembled at the hall here named, and gave their body a name—"The Homœopathic Association of Boston University." The selection of this title was the first business of the meeting.

The above having been accomplished, a code of by-laws was presented

and discussed. The original document received but little change in a material way, as it was made a little broader and specific to provide for the education of women, and a representation of the ladies in the office of secretaryship. The clauses relating as here described read as follows :

The object of this Association is to aid in founding and supporting a Homœopathic Medical School for the education of men and women, in the Medical Department of Boston University. The officers of this Association shall be a President, four Vice-Presidents, a Treasurer, two Corresponding Secretaries and a Recording Secretary, who, with a committee of six, shall constitute an Executive Committee of fifteen.

The clause relating to membership provides that any person may become a member of the Association by paying into the treasury the sum of $3 annually, and such person may become a life member by paying the sum of $30.

The annual meeting of this Association shall be held on the second Wednesday in April of each year, at such time and place as the Executive Committee shall select.

There shall also be held a semi-annual meeting on the second Wednesday in October of each year, and such other meetings as the Association or the Executive Committee may appoint. A special meeting may be called by the President, on the written application of ten members of the Association, stating the object of said meeting.

The other sections of the by-laws related principally to the duties of officers, and upon the complete adoption of the rules and regulations the association proceeded to the election of the first list of officers, with the following choice :

President—Hon. Alpheus Hardy ; Vice-Presidents—Otis Clapp, Mrs. George R. Russell of Boston. Abner I. Benyon of Newton. Hon. Rufus S. Frost, Chelsea. Treasurer—Alexander Strong of Boston. Corresponding Secretaries—David Patten, D. D., Miss Hannah E. Stevenson of Boston. Recording Secretary—J. Heber Smith of Melrose. Executive Committee—David Thayer, M. D., I. T. Talbot, M. D., Mercy B. Jackson, M. D., Mary J. Safford, M. D., J. H. Woodbury, M. D., Conrad Wesselhœft, M. D.

The business of the organization having been completed most satisfactorily to all, matters of general interest relating to the Association and its cause were informally discussed.

Ths rolls of membership were increased, and now comprise the names of forty life-members and two hundred annual members. At this meeting were also raised two thousand dollars, by subscription, which, with what is pledged, gives the institution a promising financial basis.

On April 12, the Association will hold their first public meeting in Music Hall, when a supper will be one feature of the entertainment.

The meeting last night adjourned subject to the call of the Executive Committee.

Eighteenth Annual Report of the Bond street Homœopathic Dispensary, and its Branches, New York.—This report shows : 39,951 cases treated, including 73,119 prescriptions and 5,473 out-door visits, during the fiscal year 1872.

The Founder and Manager is Otto Fullgraff, M. D., assisted by Dr. J. P. Ermentraut, (Assistant Manager.)

Doctors, C. W. Kuhn, F. C. Hillmer, M. E. Bethe, H. M. Jernegan, L. Bushnell, J. A. Bennett, A. T. Schumann, E. Carleton, Jr. (Surgeon,) W. Krause, R. Heber Bedell, C. W. Jacoby.

We are very glad to be able to record the signs of prosperity which this Institution evinces.

Personal Notices, etc.

THE RELATIONS BETWEEN PUBLISHER AND SUBSCRIBER are very simple, yet a few misunderstand them. Some think that publishers guarantee the safe delivery of every number of a journal that is mailed, and thus *insure* the honesty of every mail agent, postmaster, clerk and messenger, as well as against losses by railway accidents, fires, etc. When we devote necessary labor to getting out a number and mail it correctly our responsibility ceases. We have however offered to supply missing numbers, lost in the mails or otherwise, for half price or 14 cents each, postage prepaid. This we think *liberal.* Yet one subscribe writes :

"The November and December numbers, 1871, I never received and for 1872, January, March and April. Perhaps I should have notified you at the time. A little carelessness is my only plea. If you will send me the missing numbers "without any additional charge" I will immediately send you draft on New York or Post-office order for $5, amount to close of this year. I want to get the whole complete so I can have them bound.'

Gratuitous Advertising.—One physician writes to discontinue, because we did not give him the use of our page s to advertise his practice for sale. We insert advertisements on the cover and advertising sheet reasonably enough, but we will neither *give* or *sell* space with the reading matter of our pages for any advertisements whatever.

Could not stop it.—The Observer returned from Dr. Younghusband endorsed in Dr. Ellis' handwriting "*Stop this*" reminds us of a man who went into the Ledger office in Philadelphia and told the Editor "*I have stopped the Ledger.*" Mr. Childs got up "*Stopped the Ledger ! come with me,*" he took him to the compositors room full of printers, each busy ; to the press room, every press running ; to the counting house, all the clerks employed; so through the whole establishment : instead of failure, evidence of prosperity in every department. So of the Observer. Never more prosperous than it is to-day. If we had consented to give Ellis & Co., the use of the Observer for their college scheme, all our labor of years might have ended in disaster, but as we never entertained such an idea for a single moment we cannot say that we have been in any danger.

ELECTRIC CAUTERY IN UTERINE SURGERY.—The following note by the author was crowded out of our May number.

NOTE.—In the first part of this paper I was induced to promise on behalf of instrument manufacturers, that certain defects in the construction of my speculum, of which I justly complained, would henceforward be remedied, and that the instrument would no longer continue to be made in defiance of every principle as explained in my original description of it. I regret to say now, however, that these promises and expectations have

not been fulfilled. I have quite recently seen as worthless a specimen as it is possible to imagine exposed for sale in one establishment, and I am informed and believe that others equally useless are constantly being disposed of elsewhere.

Under these circumstances I cannot let this opportunity pass without warning the profession against the purchase of these imperfect instruments. *When the outside measurement of the anterior blade, transversely, exceeds one inch and a quarter, the speculum cannot be used without considerable pain to the patient, and, therefore, ought to be rejected.* As to those who have already purchased these instruments, their only remedy is to insist on being supplied with such as are perfect, both as to principle and workmanship.

HEMPEL.—The "*Detroit Daily Post*" says :—"The statement is going the rounds that Prof. Palmer, allopath, of the University, having been accused by Dr. Hempel, homœopath, of Grand Rapids, of misrepresenting the homœopaths, has challenged the doctor to appoint a non-medical man, when the professor will appoint another, and they two will choose a third ; when the committee so chosen shall read the professor's lectures and Doctor Hempel's reply ; and if the committee decide that Doctor Hempel is right, the professor will pay Two Hundred dollars to purchase homœopathic books for the University library ; but, if the committee decide that Dr. Hempel is wrong, then the Doctor shall forfeit a similar sum to pay for allopathic books."

We do not suppose that Prof. Hempel will accept the challenge in the form it is presented, but doubtless holds himself in readiness to make good every point he has taken in his reply to Palmer's lectures.

We trust that the Regents will make the appointment of two Homœopathic Professors in the University according to the recent act of the Legislature. Prof. H., has offered to endow another chair and he is certainly the best qualified physician to fill the professorship. Let the endowment be consummated, and the Professor appointed, giving him the right of engaging an assistant or substitute who may take his place when he may become superannuated. He should also, when he makes the endowment, reserve the right of nominating a successor.

BLACK MEASLES AND ERYSIPELAS COMBINED?—At a meeting of the Detroit Board of Health, April 14th 1873, Dr. Harlow, who had been instructed to investigate a case of "black measles and erysipelas combined" (according to Dr. Daniel Day) at No. 91 Montcalm street, made a detailed report of his investigations in the case, arriving at the conclusion that the case was one of small-pox. The report was accepted and on motion of Ald. Woolley the Superintendent of Police was requested to commence proceedings in the Recorder's Court against Dr. Day for violation of the small-pox ordinance, in not reporting the case to the proper authorities.

AMERICAN INSTITUTE OF HOMŒOPATHY.—The next Annual meeting has been appointed for June 3d at Cleveland, Ohio. The physicians of Cleveland are wide awake, and will doubtless do all in their power to make this gathering one of the most marked and gratifying.

Notices from the Secretary and the chairmen of different Bureaus will be found in the present number, pp. 340, 341.

Clinical Observations.

W. S. SEARLE, M. D., BROOKLYN, N. Y., EDITOR.

A GLANCE AT THE PATHOGENESIS OF PODOPHYLLUM PELTATUM.

Read before the King's Co., Homœopathic Medical Society. by W. S. Searle, M. D.

Our knowledge of this drug is comparatively recent and very incomplete. Its provings are scanty, and the recorded cases of poisoning by it few. Sufficient, however, is known of its action upon the human organism to render it a remedy of no mean value, and one which will well repay us for its careful study.

Let us first review its effects upon the healthy, somewhat in detail.

Upon the sensorium no marked primary action is discernible. As secondary effects, however, we find depression of spirits with fatalistic ideas, and vertigo with a tendency to fall forward. Secondarily also, it produces other decided disturbances in the head. The prover complains of dull, heavy, pressing pains, which are confined to the forehead, temples and vertex, and are relieved by external pressure. These pains generally occur in the morning on waking, and grow less during the forenoon. (The diarrhœa has also this morning aggravation.) As accompaniments of the pain, we observe drawing sensations in the eyes, and at times, soreness at the seat of distress. It is noticeable that the headache may alternate with the diarrhœa which the drug also produces.

In the eyes some hyperæmia of the conjunctiva is visible with drawing, smarting, aching, and heavy sensations. These symptoms occur equally whether the prover has ingested the drug or only been exposed to its dust.

The tongue exhibits a moist, white coating, and salivation is copious. The breath is offensive even to the prover himself, and a foul putrid taste disgusts him. The pharynx is at first full of mucus, but afterward becomes dry. Then deglutition becomes painful, especially when swallowing liquids, and soreness, appearing first upon the right side, extends to the left, and upwards through the eustachian tubes.

The appetite is diminished and soon satisfied, while a strong desire for acids is developed. What little food is taken is not well digested, for burning, acid eructations soon appear and after a short time, nausea sets in, rapidly increasing to vomitings. Some of the food seems to undergo putrefactive fermentation for the ejecta have, at times, a putrid taste and odor. The vomiting is very protracted and often very severe, being accompanied by agonizing epigastric pain. Even after the stomach has been thoroughly emptied, the inverted peristaltic action continues, and extends also to the duodenum, so that bile, mingled perhaps with blood, is ejected.

Sometimes colic now puts in an appearance, but not seldom the disturbances in the abdomen are unaccompanied by pain. When colic does occur it is aggravated by lying upon the back, and relieved by bending forward. The intestines become distended with gas, and a profuse diarrhœa sets it.

Before the stool there is often a sensation of heat in the abdomen, while after it comes a feeling of great emptiness. Both colic and diarrhœa are worse in the morning. In the region of the liver, fulness, soreness and stitching pains are developed, and similar feelings are complained of in the splenic territory.

In the morning aggravation of the bowel symptoms, *Podophyllum* resembles *Aloes* and *Sulphur*, but may easily be differentiated from these. The stool of *Aloes* is a windy spurt of watery or slimy, yellow fæcal matter, the desire for which can hardly for an instant be controlled from a seeming if not real weakness of the internal sphincter. *Sulphur* demands equal haste from tenesmus. It has a brown stool, not especially flatulent, and neither so scanty as that of *Aloes*, nor so profuse as that of *Podophyllum*. *Podophyllum* gets its victim

up early, but not in so great haste as the others, (probably because the internal sphincter alone is affected) and has a very profuse, yellow or greenish stool—so profuse indeed, that one wonders whence so much can come. It often contains undigested food, and is very offensive to the smell, having sometimes the odor of carrion.

Not seldom it is preceded by prolapse of the rectum. Accompanying it are excessive prostration, simulating even the collapse of cholera ; constant, heavy, dragging pain in the back which increases during and after stool ; flashes of heat running up the back, and sometimes severe tenesmus. At a later stage mucous and muco-gelatinous stools occur which may be streaked with blood. The whole alimentary canal becomes so irritable that the ingestion of food or drink at once renews the desire for stool.

As secondary and reverse effects, the stool becomes dry and hard ; is voided with difficulty, and is covered with yellow mucus. This condition alternates with returns of the diarrhœa.

Similarly to the bowels the kidneys are affected. First comes enuresis with, at times, involuntary nocturnal discharge, and then follows diminished secretion. A sediment occurs but its nature has not been determined.

But little is known of its effects upon the genital organs of the male. Probably it has not many. An eclectic druggist, however, states that those engaged in preparing the resinoid suffer from a pustular eruption upon the scrotum. Topically applied it produces similar effects upon other portions of the skin ; so that I am not inclined to consider this result as properly belonging to the pathogenesis of the drug.

Upon the female sexual organs its influence varies with the time of its administration. Given at or near the time of menstruation, it hastens and increases the flow of blood as well as of vaginal mucus. But, if sufficient interval occurs between the dose and the menstrual nisus for the primary effect of the drug to disappear, the secondary and reverse symptoms obtain, viz. amenorrhœa and dryness of the vagina. It is noticeable that it produces prolapse of the vagina as well as of the anus.

Upon the respiratory organs its influence is slight and purely reflex. This is also true of the few symptoms which are developed in the extremities.

We have thus taken a survey of the regional action of Podophyllum. Now is it susceptible of physiological interpretation. I think it is. As I read the pathogenesis of this drug, its point of attack upon the human organism is the involuntary muscles; and particularly those of the blood-vessels which supply the alimentary canal with its adjacent and contributing organs. In this way also it affects the kidneys, uterus and the heart itself. Of the involuntary sphincters, moreover, it causes a paresis.

In the light of this theory let us briefly review the ground we have gone over, and see whether the facts will sustain it.

Beginning, then, with the mouth and salivary glands, what would be the result of such a paresis of the blood-vessels supplying them? Obviously, stasis-passive congestion. And what occurs when such a condition obtains? The capillaries are relaxed and over-distended; their lattice-like tissue opens, and out pour floods of serum and protoplasmic masses: epithelial activity is stimulated, and an imperfect, half-elaborated and abundant secretion is the result. The same conditions produce like effects in the mucous membrane and glands of the stomach, and hence a similarly inefficient gastric juice is deluded upon the flood. This together with the directly irritant effect of the drug upon the surface of the stomach induces nausea and vomiting. The same results are seen in the intestinal canal. It pours forth a superabundant secretion: the decomposition of the undigested food, and perhaps also the irritated mucous membrane itself furnish the gas which distends the intestine and pains its irritated nerves; and hence the colic and the flood of fæcal discharge.

Upon the liver, spleen, kidneys and uterus its effect is the same in kind, and therefore each discharges profusely its half-elaborated production.

Upon the muscular fibres of the heart the action of the drug is particularly powerful. The beat becomes feeble; the pulse weak—then scarcely perceptible; the surface of the

body is bathed in a cold and clammy sweat ; and thus death by collapse steals on.

The involuntary sphincters are enfeebled, so that the rectum and vagina prolapse and the sphincter vesicæ fails to perform its whole duty.

All the glands above mentioned have their parenchyma distended, and hence come the sensations of weight, dragging, fulness, soreness, etc., in them all.

There remain in the pathogenesis nothing but secondary symptoms for which to account. And, first, the heavy, dull frontal headache with which the prover awakes from a stupid sleep is easily explicable. The secretory organs, which have lately been so active, have now reacted against the influence of the drug : their capillaries have contracted and secretion has fallen below the normal standard. Now such a condition, as we well know, produces just the kind of head symptoms which we have detailed. In confirmation of this explanation we may refer to the fact that, after the diarrhœa has ceased and constipation begun, occasional returns of the former occur, and with the recurrence of the loose stools, the headache disappears.

We have only a few outlines of the secondary picture in the pathogenesis as at present written, but it is possible from these, together with the primary picture and our clinical records, to complete the drawing. It will be useful, too, for here also *Podophyllum* is often a valuable remedy.

Beginning then with the head symptoms which have just been enumerated, and coming to the mouth and throat, we find a dry, yellowish tongue ; a foul, bitter taste, and thirst with very little appetite. The pharynx is dry and deglutition painful. The stomach is irritable, and the gastric juice small in quantity. Owing to the diminished secretion of bile (or perhaps rather to its retention and reabsorption) there is more or less jaundice, and the stools become pale, dry and hard. The urine is scanty, charged with sediment, and colored yellow by the biliary acids. There is also, in women, amenorrhœa, with its train of consequences.

Crowning all, and growing out of the irritable condition

of the heart itself, together with the stimulus reflected upon it from other excited organs, comes general fever.

Now to this congeries of symptoms *Podophyllum* is secondarily homœopathic. What does this phrase practically mean? I confess I do not know. Hale would tell you it means that, to be curative in these conditions, it must be administered in small doses. But some facts are decidedly against Hale's law of dose. For instance, Dunham, in his lecture on Graphites says, he has been equally successful in the treatment of the diarrhœa and constipation which are cognate to this drug with the two hundredth attenuation.

Multitudes of similar facts can be adduced from our clinical records, and we must therefore remit the whole matter to those who feel competent to deal with this vexed question of the dose.

If now I have given a correct interpretation of the phenomena found in the pathogenesis of *Podophyllum*, to what diseases is it applicable?

First, and most accurately, to bilious fever. With this as a type we shall not go far wrong in its administration. It has been praised for its curative power in typhoid forms of fever, but in the genuine zymotic fevers I do not believe that it is ever appropriate except it may be as an intercurrent in persons of a bilious temperament who may be thus attacked.

So also in intermittent fever it may, at times, be useful in a similar way, but it is better adapted to the remittent type which is generally bilious *au fond*.

In the treatment of gall stones its use is, of course, purely toxical.

Is there any warrant in the pathogenesis for supposing that it is more than a mere function remedy? If my physiological reading of it be correct, I think there is. In such conditions of vascular stasis as have been described, the white blood corpuscles, and other more minute particles of protoplasm pass through the meshes or stomata of the capillaries, and wander by their inherent power of locomotion, into the various neighboring tissues. Here they grow

and multiply, and by their transformations bring about the series of phenomena which we call inflammation. Hence, if my explanation of the action of this drug be accepted, we may prophecy from our meagre provings that it will be useful in gastritis, hepatitis, enteritis, dysentery, and perhaps even in nephritis and metritis. However, should it ever be appropriate in such forms of disease, we should expect to find in the history of each case an incipient stage when the symptoms corresponded to those existing in the proving.

I have thus endeavored to *characterize* Podophyllum, and if it has afforded you as much information as the study of the drug has me, I am fully repaid for my trouble.

THE CANCER ANTIDOTE FRAUD.*

A few days since, Dr. Patterson handed us for inspection a bottle purporting to contain "Chlorate of Carbon," also a little red pamphlet, which professed to give complete directions for preparing and using Buchanan's "great Cancer Antidote." The little pamphlet, about two dozen pages, cost the Doctor $10, and the "Chlorate of Carbon" $5 per ℔. A very brief examination satisfied us that the remedies herein advocated were substantially the same as those specified in a receipt, for which may physicians were foolish enough to pay the same parties from $200 to $350 during the past few years. We have the pleasure of presenting our readers, free of expense, the exact formula of this so-called great cancer antidote:

℞	Chlorate of Carbon,	2 oz.
	Yellow Dock,	2 lbs.
	Bittersweet,	2 lbs.
	†Comphrey,	2 lbs.
	Dandelion,	2 lbs.
	Mandrake,	1 lb.
	†Blue Flagg,	1 lb.
	Tag Alder,	2 lbs.
	Alcohol, 76 per cent.	Q. S.
	Water,	Q. S.
	Sugar,	32 lbs.

Proceed *secundum artem*, to make 5 gallons of syrup. The Chlorate of carbon is to be added to the otherwise finished

* Chicago Medical Times.

† We preserve the orthography of the pamphlet, but presume that Comfrey and Blue Flag are meant.

syrup. Dose, teaspoonful; increased to tablespoonful, in water, every four hours.

The author suggests, as adjuvants, the judicious "use of gold, platinum, chlorine, glycerine, phosphorus, cinchona, hydrastis, mineral acids, iron, iodine, salicine, sulphites, of soda and lime, premanganate, and chlorate of potassa, etc." Also, sometimes, the use of terchloride of carbon, in 8 to 10 drop doses, and, by way of variation, the occasional use of comp. syr. stillingia, frost wort, or yellow dock, to which the inestimable "Chlorate of carbon" should be added.

The great antidote owes, he declares, its "principal virtues to the carbon, which is the vivifying agent to the brain—an agent that increases the vital element of the blood."

We give the above quotation as a sample of the physiology and pathology which pervade the book.

We also submit his local treatment, which comprises several cancer plasters:

No. 1 CANCER PLASTER.—℞. White oak bark, Blue Flag, of each, 2 lbs. Boil in water 10 hours, strain and evaporate to the consistence a thin solid extract, and, finally, incorporate 1 oz. of "Chlorate of carbon."

No. 2 CANCER PLASTER.—℞. Poke root, red oak bark, yellow dock, of each 2 lbs. Proceed as in the previous formula, not omitting to add the inevitable "Chlorate of carbon."

No. 3 CANCER PLASTER.—℞. Red clover, Poke root, Sorrel—of each a suficient quantity. Express the juices, evaporate to a thin solid extract, and, finally, add the "Chlorate of carbon."

Several other local applications, as nitric acid, "fluoric acid," (by which we infer he means *hydro-fluoric* acid, as no such thing as "fluoric acid" exists,) chloride of zinc, pulv. blood root, etc., are advocated in obstinate cases.

The so called "chlorate of carbon" figures prominently throughout the book, which states that the genuine article can only be procured of E. Querner, Analytical Chemist, 2048 Germantown Avenue, Philadelphia, at $5.00 per lb. The improbability that there is, or can be, such a compound of carbon, I at once stated, when I first heard the name, but then presumed that some one of the numerous compounds of carbon, chlorine and hydrogen was intended. A moment's inspection of the specimen satisfied me that it is a base imposition. Its crystaline form is exactly that of chlorate of potassa, viz., rhomboidal plates, or tables. The surface of the crystals is colored unevenly by some pigment similar to, if not, red sanders, in the form of tincture; but the color is totally on the surface, the interior being colorless and transparent. The taste is identical with that of chlorate of potassa. A portion heated strongly in a test tube, gave off oxygen, and left a residue of chloride of potassium, from which cream of tartar and chloride of silver were promptly obtained by the use of tartaric acid and nitrate of silver.

* * * * * * * * *

CHARACTERISTICS OF THE PRINCIPAL COUGH REMEDIES.*

BY DR. B. HIRSCHEL, S. C.

The following article will probably meet with opposition from two sides—from pathologists and from therapeutics. The former will find the designation extremely unscientific; they will say, and not without some show of reason, that a cough is a symptom that owes its origin to vastly different processes which cannot be brought under one heading. Those attached to the old school will, on reading its superscription, repeat their reproaches that we are unscientific and only cure symptoms. And yet we need make no apology to a homœopathist, for he knows that we do not neglect individualisations, although we bring the most heterogeneous processes together under one principal symptom. Such a principal symptom is cough; it is the guide that often leads us to the diagnosis and gives certainty to our choice of remedies; it is often the most prominent and torturing suffering which waits for help; it often shows the origin of the complaint, its seat, its characters, its course, its danger. Just as we may bring cephalalgiæ and pains in the stomach, no matter how unscientific the name may look under one heading, yet as soon as we recognise the different conditions at the bottom of them, we know how to separate them, and this we must do with coughs. The homœopathic practitioner will, even with this unscientific designation, be all the less inclined to complain when he knows the relative differences which guide us in our choice of the remedies collected under this symptom. Nay, this designation is thoroughly practical, and likewise justifies its connection, just as it may very likely happen to the clinical teacher to collate all remedies against diarrhœa or obstruction only on the condition that he shall again separate them according to their differences. This is not a pathological but a clinical method.

We shall find the other category of our opponents amongst the practitioners. They will say, he can only tell us what we know already. The author has not the arrogance to say that he is coming forward with something new. But when we cast a glance at the material which we here have, at all the remedies which occur with "cough" symptoms, and which thus claim

* From the *Zeitschrift fur Hom. Klinik*, vol. xxi. Translated by Dr. Burnett.—*British Journal of Homœopathy.*

not to be forgotten in our choice of medicines, and when we observe that young practitioners do not know their way out of this *embarras des richesses*, and that many an old physician is not so very certain in his choice, since here the deciding differences are so difficult to lay hold of, then a critical undertaking of this kind appears justified. The author will therefore endeavor to bring out the most weighty considerations as clearly as possible, and recommend the most applicable of the chaotic mass of material for consideration.

The importance which the specially scientific ones attach to coughs may be gathered from a remark of H. E. Richter (*Elements of Clinical Medicine*, vol. ii, p. 191) which runs thus: "In lung diseases the cough must be regarded on the one hand as favorable, as it were a life-saving act, inasmuch as these efforts of the organ constitute the only possible way of obviating asphyxia by ejecting the secretions or foreign bodies, expanding the alveoli, preventing the cohesion of their walls, etc. On the other hand the cough may very easily become hurtful, inasmuch as, when the lung tissue is soft and atonic, it may bring on emphysema of the lungs, lesions of the organs, and pulmonary hæmorrhages; inasmuch as it deprives of natural sleep and is a principal cause of the colliquative night sweats; inasmuch as it may cause all sorts of unhappy accidents, such as abdominal and intercostal myalgia, nervous conditions hæmorrhages, herniæ, abortion." Further on (p. 199) we read: "*Symptomatically we have often particularly to deal with the amelioration of the tickling sensation and of the cough.* For these phenomena frequently assume a spasmodic character, especially in the nervous and youthful; they disturb the sleep and thereby also the healing processes; or they excite in the susceptible, and in those with weak muscles and tender tissues, painful strains (false rheumatism) in the costal, thoracic and abdominal muscles, or emesis, or even result in bronchiectases, pulmonary emphysema (even rupture of the alveoli,) prolapses, protrusions of the bowel, hæmorrhages from the lungs and other cavities of the body."

A cough is a short, resonant, more or less forcible, impulsive expiration, with a more or less narrowed glottis, occurring generally after a deeper and more powerful inspiration.

The cause of the different tones usually depend on the vocal formation. Expirations and inspirations often alternate. A cough can be produced voluntarily and also directly from the spinal cord; generally it is a reflex action depending on conditions of the mucous membrane (inflammations, catarrh, collection of mucus, nervous excitement, foreign bodies, such as dust and the like,) of the superior parts of the air-pasages,

especially of the larynx, and very often of the thoracic organs (bronchi, lungs.)

Formerly a cough was looked upon as the most positive sign of a lung affection, but experience has taught us that it may be totally absent in such cases even in pneumonia and tuberculosis. On the other hand a cough may be present in conditions that have no connection with the thoracic organs, viz. in many cerebral and spinal diseases, from an elongated uvula, from diseases of the heart, pharynx, œsophagus, stomach, and intestinal canal, so that it may even simulate phthisis.

Likewise mechanical influences such as tumors may produce a cough by pressing on the vagus. But as soon as there is a spot in the respiratory organs where the tissue has become destroyed, greatly compressed, paralysed by exudations, or become callous, or the susceptibility has become deadened (Wunderlich,) then the irritation which caused the cough vanishes.

The individual kinds of cough accord pretty definitely with certain forms of disease, so that from its tone or kind we can draw conclusions as to the seat and form of the disease. But we must be very prudent in thus drawing conclusions so as not to be led into manifold and great mistakes. Thus we like to differentiate laryngeal, tracheal, bronchial, pulmonary coughs from their tone and depth, yet we cannot do this with certainty. From its degree, from the periodicity of the attacks, some pretend to recognise, now a beginning tuberculosis, then a simple catarrh, or a pneumonia, or emphysema, or spasmodic cough, yet there is no certain criterion for all this. The most insignificant morbid process may have the most severe and exhausting kind of cough, such as is often the case in neuroses.

Our judgment must depend on the *repetition* of the cough, as also on the fact of its being by *day*, by *night*, and on its *intermissions* which sometimes last for weeks, and on it being *paroxysmal;* inasmuch as the *tone* depends more on the condition of the *larynx* than on that of the more deeply lying thoracic organs, so it will be evident that it cannot be made use of for diagnostic purposes.

The kind of *secretion* is of very great importance. Dry chronic coughs are always suspicious, unless they are purely nervous.

The cough is dry at the commencement of the organic diseases, and only gets moist when the secretions become moveable. If the secretion comes from far down, the condition

is always more dangerous than when the cough is superficial, and if the secretion becomes continuous and yet affords no relief, and the strength begins to fail, then the prognosis is unfavorable. Such is the case in chronic bronchitis, in tubercular suffering, pulmonary abscesses.

For the physician treating a cough, no matter what school he may belong to, it is important that he distinguish—

a. The seat and point of origin of the cough.

b. Its character as regards the casual morbid process.

a. Here we must see whether the cough has its origin in the larynx, in the trachea, in the bronchi and its ramifications, or in the lung itself; in the pleura, in the heart, in the vagus, in the spinal chord,—whether the mucous membrane or the parenchyma itself, the blood-vessels or the nerves (primarily or secondarily,) are affected.

b. It is especially important to know whether the process be *catarrhal* (simple or complicated with fever, acute or chronic catarrhal); whether it be *inflammatory* (acute or chronic, simple or croupous); or whether it be *organic* (with textural changes or not); or whether it be *nervous* (origin peripheral or central.)

Arranged in this manner we find a cough is a most important symptom in the following *forms* of disease:

I. In *simple catarrh*, acute or chronic, and with or without fever; to wit—

a. Laryngeal catarrh.

b. Tracheal catarrh.

c. Bronchial catarrh.

d. Pulmonary catarrh.

e. A peculiar form of epidemic catarrh, such as influenza.

II. In *inflammations of the vocal and respiratory organs*, acute or chronic in form; to wit—

a. Laryngitis, simple or croupous (angina membranacea,) diphtheritic, aphthous, pustular, submucous inflammations (œdema glottidis,) perichondritis, epiglottitis.

b. Tracheitis.

c. Bronchitis, simple, croupous, diphtheritic.

d. Pneumonia, simple, croupous, interstitial, or hypostatic.

III. With *organic metamorphoses of the vocal and respiratory organs.*

a, b. Laryngeal deformities and neoplasmata, helcosis laryngis, tuberculosis, polypi, carcinoma, stricture, stenoses, formation of diverticula, fistulæ of the larynx and of the trachea.

c, d, Tuberculosis (infiltrated and miliary,) hemorrhage from

bronchi and lungs, bronchiectasis, pulmonary emphysema, insufficiency and atrophy, cirrhosis, carcinoma, and other neoplasmata, ossifications, apostemata, gangrene of bronchi and lungs, pneumothorax.

Here we must further enumerate—

e. Affections of the pleura which excite pulmonary cough either sympathetically or mechanically, as hæmorrhages, serous and inflammatory exudations, tuberculosis pleuræ, and finally,

f. Cardiac affections which, by obstructing the reflux, produce pulmonary hyperæmia and thus excite to cough.

IV. In *neuroses.* These arise either as primary forms from irritation of the vocal and respiratory nerves, or secondarily from central irritation; to wit—

a. Spastic, tickling, spasmodic coughs.

b. Pertussis (according to some a neurosis of the bronchi, according to others an affection of the vagus.)

c. As symptom of a nervous stenosis of the glottis in children and adults.

d. As symptom of bronchial asthma of the nervous kind; or,

e. Angina pectoris, cardiac spasm. Finally,

f. As collateral phenomena of a central affection of the spinal cord, spinal irritation (hysteria.)

Under these forms we believe we have exhausted all the kinds of cough which present themselves for clinical treatment. A more elaborate description, which may be found in all the handbooks of pathology, my readers will willingly spare me. Such is not the object of this treatise, which has more especially to deal with therapeutics.

The homœopathic physician has *besides the foregoing points of observation*, which are common to all physicians, and which must be thoroughly considered by him, too, also the *essential peculiarities of the cough itself* to bring within his ken, if he intends to make a good choice from the remedies which affect it; such are—

1. The tone of the cough.
2. The subjective sensation, the kind of pain.
3. The seat, the origin as far as the patient can define it, or the tone and depth which it gives.
4. The repetition, time of occurrence.
5. The dryness, or the sputum and its nature.
6. The exacerbation or amelioration by certain conditions, such as eating, drinking, lying down, moving about, rest, air, cold, warm, etc.

7. The concomitant phenomena, as fever, pains in other parts, complications.

By observing all these particulars, which are for the physicians of the other school for the most part quite insignificant and useless, the remedies to be used can be diagnosed in the several cases.

But the results of the physiological materia medica with regard to coughs are so numerous that a collection of all the drugs which have this symptom gives us an endlessly long series, Hence we find in the clinical handbooks, in the *Codex of Symptoms* in the repertories, a whole cohort of drugs which by their very number may well confound the practitioner; and this difficulty in differential choosing is increased by their having no *characteristic signs* attached to them. It must not therefore be regarded as an *Ilias post Homerum* when the author, guided by his own special experience, undertakes to excerpt from the many, such as seem worthy of being thus privileged, and to define their most pregnant characteristics. If other practitioners would but follow suit, we should soon get, at least for this category, a monographic limitation, in so far as a daily multiplying and enriching experience allows of.

In order to make this article as complete as possible, we shall now append a view of all the drugs that have the symptom cough, at least as far as we know at present.

Alphabetically they run as follows :—

Aconitum.	Arsenicum.	Caladium.
Actæa racemosa.	Arum.	Calc. carb.
Æsculus hipp.	Asa.	Camphora.
Æthusa.	Asarum.	Cannabis.
Agaricus musc.	Asclepias.	Cantharides.
Agnus.	Asparagus.	Capsicum.
Alumina.	Athamantha.	Carbo (An. et Veg.)
Ambra.	Aurum (Mur. et Purum.)	Cascarilla.
Ammoniacum.	Baptisia tinctoria.	Castoreum.
Ammonium (Carb. Mur.)	Caust. Baryta (Carb. et Mur.)	Causticum.
Anacardium.	Belladonna.	Cepa.
Angustura.	Benzoic acid.	Chamomilla.
Antimonium.	Berberis.	Chelidonium majus.
Ant. tart.	Bismuthum.	Chenopodium.
Apis mellifica.	Borax.	China.
Apocynum can.	Bovista.	Cicuta.
Argentum.	Bromine.	Cina.
Arum trifol.	Bryonia.	Cinnabaris.
Arnica.	Bufo.	Cistus.
	Cadmium sulph.	Clematis.

Coca.
Cocculus.
Coccus cacti.
Coffea.
Colchicum.
Colocynthis.
Conium.
Copaiva.
Cotyled. umbil.
Corallium.
Crocus.
Crotalus.
Croton.
Cuprum.
Cyclamen Europ.
Daphne.
Digitalis.
Drosera.
Dulcamara.
Erigeron Canad.
Electricitas.
Eugenia jamb.
Eupatorium perfoliatum.
Euphorbia.
Euphrasia.
Ferrum.
Gelseminum nitid.
Gentiana.
Graphites.
Gratiola.
Guaiacum.
Guaræa.
Helleborus.
Hepar sulph.
Heracleum.
Hippomanes.
Hydrastis Canad.
Hydrocyan. acid.
Hyoscyamus.
Hypericum perforat.
Ignatia.
Indigo.
Ipecacuanha.
Iris versicolor.
Iodium.
Jatropha Curcas.
Kali bichrom.
Kali carb.
Kali chlor.
Kali hydroid.
Kalmia latifolia.
Kobaltum.
Kreosot.
Lachesis.
Lactuca vir.
Lamium.
Laurocerasus.
Ledum.
Leptandra.
Limulus cyclops.
Lobelia.
Lycopodium.
Magnesia carb.
" mur.
" sulph.
Manganum.
Menyanthes.
Mephitis put.
Mercurius sol.
Mercurius sublim.
Mercurialis.
Millefolium.
Murex.
Muriat. acid.
Naja tripudians.
Natrum (Carb., Mur., Sulph.)
Niccolum.
Nitrum.
Nitri acidum.
Nux moschata.
Nux vomica.
Oleander.
Ol. animale.
Ophistoxicon.
Oniscus.
Opium.
Oxal. acid.
Paris.
Petroleum.
Phellandrium.
Phosphorus.
Phytolacca.
Platina.
Plumbum.
Podophyllum. pelt.
Prunus.
Pulsatilla.
Raphanus sat.
Ratanhia.
Rhabar.
Rhododendron.
Rhus tox.
Rumex crispus.
Ruta.
Sabadilla.
Sabina.
Sambucus.
Sanguinaria.
Sassaparilla.
Secale.
Selen.
Senega.
Sepia.
Silicea.
Silphium lac.
Solanum.
Spigelia.
Spongia.
Squilla.
Stannum.
Staphysagria.
Sticta pulmonaria.
Stramonium.
Strontianna.
Sulphur.
Sulph. acid.
Tabacum.
Taraxacum.
Taxus.
Terebinthina.
Teucrium.
Trifolium.
Thuja.
Veratrum.

Verbascum.	Vipera red.	Zingiber.
Vinca.	Zincum.	Zizia aurea.

Certainly many of our readers will be astonished to find one or other of these drugs in this "Register of 'Cough Remedies;'" and certainly not a small number of them owe their places in it only according to the letter of the drug-proving, and not, if we may so express ourselves, according to the spirit or the deeper signification of the same. With some of these pseudo-cough remedies we may perhaps find that they owe the honor of being placed here to the subjectivity of the prover, who may have been easily excited to cough, or whose larynx or lungs may have been especially susceptible of irritation. With others, the cough is probably a mere accident, an intercurrent acute condition that might have been registered from a sense of peculiar conscientiousness. In other cases again an acrid ingredient, the *material* of the remedy that was being proved, may have caused the irritation. We can, therefore, only regard the cough as due to the action proper of the remedy when it occurred constantly in all, or in nearly all of the provers, and to know this we must get an insight into the daybooks of the provings. In any case this is a sufficient reason for our preferring those drugs that have been best proved.

We only get the true criterion of its value in *clinical experiments*. The simile of the drug-proving *guides* us to a choice, success at the bedside is necessary to *confirm* its correctness. As soon as a drug symptom recurs in the *same intensity* in *many* and *good* provers and thus enters the series of valuable pathogeneses, and then many and good practitioners confirm it by success at the bedside, then we may say it is incontrovertibly demonstrated. It is from this point of view that we start when we expunge not a few of the drugs figuring in the list of cough remedies, and endeavor to *confine* ourselves within less extensive limits, so that we may attain to a greater certainty within the narrow circle.

The *first series* of our cough remedies, those that are especially worthy of attention, will consist of such drugs as have been *put to the test* in *well-arranged provings* and also have *stood the fire of clinical experience.*

A *second series* will consist in part of such as have been only *imperfectly or unreliably proved*, and in part of such as are supported only by *single clinical experiments.*

FIRST SERIES OF COUGH REMEDIES.

In this first series we shall distinguish the most commonly used remedies in a manner that is customary in the homœopathic school.

a. The Polychrests :—Aconite., Ant. tart., Arnica, Belladonna, Bromine, Bryonia, Calc. carb., Chamomilla, Conium, Drosera, Dulcamara, Hepar sulph., Hyoscyamus, Ignatia, Ipecacuanha, Iodium, Kali bichrom., Laurocerasus, Mercurius, Nux vom., Opium, Phosph., Puls., Senega; Sepia, Spongia, Sulph., Veratrum ; in all 28 of the 208 * recommended in the list.

b. Those less frequently used ;—Ambra, Ammonium muriaticum, Arsenicum, Carbo veg., Causticum, China, Cina, Cuprum, Ferrum, Lactuca virosa, Nitric acidum, Stannum ; in all 12, so that by counting the 28 we have 40 of the 208 cough remedies, and these will satisfy all the usual wants of practice.

Now, let us subject the first series to a *collective arrangement according to certain principal clinical points of view*, by which means we get the following divisions :

I. Arranged according to the *seat* and *point of origin* of the cough, and in order according to the principal direction of their action.

a. Specially influencing laryngeal and tracheal affections :—Acon., Bell., Brom., Cham., Con., Hep. sulph., Hyoscyamus, Ign., Ipec., Iod., Kali bichrom., Lauroc., Merc., Nux vom., Op., Phosph., Puls., Sep., Spong., Sulph., Ambra., Lactuca vir., Nitr. acid.

b. Specially influencing bronchial and pulmonary affections : Acon., Ant. tart., Arn., Bell., Bry., Calc. carb., Cham., Drosera, Dulcam., Hepar sulph., Hyosc., Ipec., Iod., Kali bichrom., Mer., Nux v., Op., Phosph., Puls., Senega, Sep., Sulph., Verat., Ammon. mur., Arsen., Carb. veg., Caust., China, Cina, Cupr., Ferr., Nit. acid, Stann.

c. Influencing the brain and spinal cord, more especially the vocal and respiratory nerves :—Bell., Cham., Con., Dros., Hyosc., Ignat., Ipec., Lauroc., Nux v., Op., Phosph., Verat., Ambra, Caust., China, Cupr., Lact. vir.

d. Specially affecting the heart and the large vessels (reflected cough) :—Acon., Bell.. Lauroc., Op., Phosph., Veratr., Arsen., Nitric acid.

e. Specially affecting the stomach and intestinal canal (sympathetic cough) :—Ant. tart., Bry., Calc. carb., Ipec., Nux vom., Puls., Sep., Sulph., Ver., Ammon. mur., Arsen., China.

f. Specially affecting the pharynx, uvula and neighboring

---

* Properly 206. In the original there are, indeed, 208 ; but under A we find *Actæa racemosa*, under C *Cimicifuga ;* and again under A, *Æsculus hipp.*, and under H, *Hippocastanus æsculus ;* this leaves us 206.-*Translator.*

parts (radiating cough) :—Bell., Bry., Hepar sulph., Merc., Nux v., Phosph., Puls., Sep., Sulph., Ver., Carb. veg., Nitric acid.

II. According to the *morbid processes*, we get them in order of merit as follows :

a. Specially influencing catarrhal affections :—Acon., Ant. tart., Arn., Bellad., Brom., Calc. carb., Drosera, Dulc., Hep. sulph., Ipec., Iod., Kali bichrom., Mer., Nux vom., Puls., Sen., Sep., Spongia, Sulph., Verat., Amm. mur., Carb. veg., Caust., Nitric acid, Stan. Of these the principal remedies for acute catarrhs with fever are :—Acon., Bry., Bell., Mer. In the first stage especially—Acon., Bell., Brom., Bry., Dros., Ipec., Iod., Kali bichrom., Merc., Nux vom., Spong. ; in the second stage, where the process is breaking up—Antim., Hepar sulph., Puls., Sen., Ammon. mur. ; for the chronic forms we have, besides these, also Calc. carb., Drosera, Hepar sulph., Iod., Puls., Sen., Sep., Sulph., Amm. mur., Ars., Carb. veg., China, Ferr., Nitric acid, Stan.

b. Affecting inflammatory morbid processes :—Acon., Antim. tart., Arn., Bell., Brom., Bry., Calc. carb., Hepar sulph., Iod., Kali bichrom., Merc., Phosph., Spongia, Sulph., Ars., Nitric acid (to be compared according to the several forms.)

c. Affecting organic morbid processes (with textual metamorphoses) :—Ant. tart., Arn., Brom., Bry., Calc. carb., Con., Hepar sulph., Iod., Kali bichrom., Merc., Phosph., Sen., Sep., Sulph., Ars., Carb. veg., China, Nitric acid, Stan.

d. Affecting neurotic morbid processes (of peripheral or central origin) :—Bell., Cham., Con., Dros., Hyosc., Ignat., Ipec., Lauroc., Nux vom., Op., Phosph., Sep., Ver., Ambra, Arsen., Caust., China, Cina, Cupr., Lact. vir.

In this arrangement it must be borne in mind that we do not mean that, being thus arranged, they are only to be used as here indicated. It would be diametrically opposed to the principles of homœopathy to attempt a classification in the sense of old therapeutics. The *individuality of the phenomena always stands prominent.*

In this sense, too, the following collection is to be taken, and which results from the specific relations, Sects. I. and II.

III. Arranged according to the *specific kind of the morbid processes*, the most important drugs are—

a, b. In laryngeal and tracheal catarrh :—Acon., Ant. tart., Bell., Brom., Con., Hep. sulph., Ipec., Iod., Kali bichrom., Lauroc., Merc., Nux vom., Op., Phosph., Puls., Ipec., Spong., Sulph , Ambra, Lact. vir., Nitric acid.

c, d. In bronchial and pulmonary catarrh :—Acon., Antim.,

Arn., Bell., Brom., Bry., Calc. carb., Dros., Dulc., Hepar sulph., Ipec., Iod., Merc., Puls., Sen., Sep., Sulph., Spong., Ver. Ammon. mur., Ars., Carb. veg., China, Ferr., Nitric acid, Stann.

e. In influenza we must use either the antiphlogistic remedies, viz. Acon., Bell., Brom., Bry., Iod., Merc., Phosph., Spong.; or the antispasmodic—Caust., Cham., Con., Dros., Hyoscy., Ipec., Op., Phosph., Verat.; in the loose forms—Antim., Hep., Puls., Senega; in the chronic—Amm. mur., Ars., Calc. carb., Carb. veg., China, Ferr., Sep., Sulph.

f, g. In laryngitis and tracheitis the principal remedies are—Acon., Antim., Bell., Brom., Bry., Hepar sulph., Iod., Merc., Phosph., Spong.

h, i. In bronchitis and pneumonia:—Acon., Antim., Bell., Bry., Hepar sulph., Iod. (Iod. of Pot.,) Merc., Phosph., Sen., Sulph., Ars., China.

k. In Croup (Angina membranacea):—Acon., Antim., Brom., Hepar sulph., Iod., Merc., Phosph., Spong.

l. In pseudoplasms, ulcerations, disorganisations (carcinoma, gangrene,) alternations in the canalisation (bronchiectasis, emphysema, strictures,) atrophy, cirrhosis, tuberculosis in the larynx, trachea, bronchi, and lungs:—Antim., Ammon. mur., Arn., Ars., Brom., Calc. carb., Carb. veg., China, Con., Dros., Ferr., Hepar sulph., Iod., Kali bichrom., Lact. vir., Mer.c., Nitric acid, Phosph., Sen., Sep., Spong., Sulph., Stann.; as intermediary remedies, however, we may possibly require all the others.

m. In simple spasmodic cough, which may be either of peripheral or central origin:—Bell., Cham.. Con., Dros., Hyosc., Ipec., Ignat., Lauroc., Nux v., Op., Phosp., Ver. Ambra, Caust., China, Cup., Lact. vir.

n. In pertussis:—Bell., Bry., Con., Dros., Hepar sulph., Ipec., Lauroc., Puls., Ver. Ambra, Arsen., Cina, Cupr.

o. In narrowing of the glottis (v. subseq. samb.):—Brom., Bell., Iod., Phos., Spong.

p. In nervous bronchial asthma:—Bell., Cham., Con., Dros., Hyosc., Ignat., Ipec., Lauroc., Nux v., Op., Phosph., Sep., Ver. Ambra, Arsen., Lact. vir.

q. In angina pectoris or in cough caused by organic cardiac disease (depending probably upon pulmonary stasis):—Acon., Bell., Bry., Calc. carb., Hyosc., Ignat., Laur., Op., Phosp., Sulph., Ver. Ars., Carb. veg., Ferr., Lact. vir., Nitric acid.

Likewise in this representation we expressly beg not to be misunderstood. Within the whole scope of the *Materia*

Medica there is full freedom of choice, inasmuch as the individuality of the single case is the deciding consideration, so that there is no remedy exclusively indicated for a given species of disease. We must rather, in each individual case, choose from all cough remedies according to the law of similars.

Although, in the foregoing synthetic arrangements, we have specially emphasised the totality of the characteristic phenomena of a remedy, yet these categories are only to be regarded as a *part* of the characteristics of the individual cough remedies ; such as a synthesis being of practical value, as it saves us much unnecessary repetition.

It is, however, by no means meant that these categories contain all that is criterional for a choice of remedies. It is at the same time far from our intention to collate here all the symptoms relating to coughs which belong to each remedy, either after the manner of repertories or after the contents of pharmacology. Such would be an *Ilias post Homerum*, and a recapitulation from which we may very rightly preserve our experienced readers. The question here is rather one of differential diagnostics in regard to the individual drugs from which we have to choose, and for the object of a clinical journal we think we do better by laying stress on the *principal indications* and *characteristic differences*, so as to put one remedy on one side of the scales, and the other remedy on the other. In this sense the following peculiarities of each remedy are to be looked at, and, if need be, anything that may lack can be obtained on reference to the *Materia Medica*.

Aconite is the first remedy for the *incipient stage* of catarrhal conditions (such as coryza, influenza, simple acute catarrh,) as also for all *inflammatory* conditions of the air passages, especially for the *febrile* forms. With it the violence of the cough can often be met and broken up, so that the cough runs but a very short course. What kind of cough it is, is so far indifferent ; since under such conditions *Aconite* is equally well indicated for the dry and for the moist variety. Its influence must show itself promptly, or we must go on to more deeply penetrating remedies, viz. *Bell.*, *Bry.*, *Merc.*, *Spongia*, etc. It is also indicated in the intercurrent acute exacerbations of chronic affections with cough—Hæmoptysis.

Antimonium tartaricum.—A *rattling* cough sounding as if it were moist, without, however, really being so ; cough with *vomiting of food* after meals ; *tracheal stertor*, *bronchial rhonchi*. The rattling compels patient to sit up, or to *vomit*, gets suffocative, great *dyspnœa*. In threatening paralysis of the lungs. In the cough of dentition in children, in which the râles are so loud that they can be heard at a comparative

distance. It disappears as soon as the children have finished their bout of coughing. In pneumonia, in complete hepatisation; advances the beginning resolution. In chronic bronchial catarrhs, emphysema, bronchiectasis, catarrhs of the senile of wonderful efficacy. In pulmonary tuberculosis I have seen it give great ease, but it effects a more rapid softening of the tubercles, and hence accelerates its course. In croup as intermediary remedy to procure resolution and obviate paralysis often of great use, operates, too, without exciting emesis.

Arnica.—Dry cough that *shakes* the whole body, and of which the sputum is loosened with difficulty, or is *bloody*, tickling sensation in the trachea. Often left me in the lurch notwithstanding all the symptoms said to be characteristic of bloody sputum or hæmoptysis, such as taste of blood, or a sensation as if warm steam were rising (*Aconite* helped oftener, or *Ferrum sesquichlor.*, *Ergotin.*) This remedy also recommended in pertussis (cough with crying [shedding tears]) seems to have but a poor future. Different perhaps where traumatic causes have operated, as in such pneumonias (*v. ante* for its different forms.)

Belladonna is to the *susceptible* (sensitive) what *Aconite* is to the irritable. Vaso-mortor irritations with excessive nervosity. Hence a principal remedy for the irritable, women, children, for the erethistic inflammatory kinds; not for croupous; plastic, for spastic conditions. Irritative fever. *Cough dry, barking, spasmodic in fits* (attacks,) with *titillations* in the trachea or bronchi, *worse at night* and then continuous; a feeling of having swallowed dust; made *better* by *cold;* collaterally a sense of constriction in the throat, dysphagia; cephalic congestions, pains (stitches) in the breast. In simple catarrhs, inflammatory kinds with predominant catarrhal character (larynx, trachea on to the lungs,) especially in the first stage; more in bronchitis, especially of the capillary kind, than in pneumonia; in the incipient stage of pertussis; in influenza, in cerebral, spinal, and cardiac affections, inflammations of the neighboring parts of the air passages. In stenosis of the glottis, bronchial asthma. In chronic affections as intermediary remedy. Objectively perceptible, roseate, smooth, erythema of the pharynx, uvula and palate.

Bromine, Iodine and Spongia have this in common, that they are curative of affections of the upper parts of the air passages, that they correspond to the dry cough of catarrhal, inflammatory or organic origin. All three are profound in their action and reliable remedies, and differentiation between them is not easily put in words, this is a matter of practical

acquirement, of instinctive tact. *Spongia* might be termed the most volatile and dynamic of the three ; *Bromine* is more materially penetrating, powerfully and promptly curative where it is indicated ; *Iodine* is the strongest, but also the least prompt and most slow. They are the principal remedies in affections of the *larynx* and of the *trachea* (catarrhs, inflammations, croups in particular, and textural changes, and in narrowing of the glottis.) *Iodine* alone has also rapport with the *bronchi* and even with the *pulmonary tissue.* As to the symptoms, they are for *Bromine*, dry, *croupy cough*, like a *sheep's cough*, with continual *grating, tickling* and hoarseness. This last is a very special indication for *Bromine.* Where there are *little follicles on the mucous membrane of the posterior part of the pharynx* which easily involve the larynx and are the source of a continual irritation to cough, *Bromine* is quite specific, so also in tumefaction of the mucous membrane of the fauces and pharynx. The larynx is often tender on pressure. With *Iodine* the cough is likewise *dry, croupous*, with the well-known tone and short crescendo without the diminuendo of the usual cough, with titillation and a feeling of *soreness* in the *larynx*, barking, with grey or white, salty, sweetish sputum, sharp *whistling* and *rattling* in the chest, *sawing*, hissing breathing and tightness of the chest. The subjective feeling of painfulness and soreness often extends as far as the upper third of the sternum. Hoarseness, difficult speech, hawking up of much tough mucus. I have often seen glorious results follow the use of *Iodine* in very inveterate laryngeal catarrhs with the above symptoms; it brings amelioration in tuberculosis, it is the sheet-anchor in croup after *Spongia* and *Bromine* have failed. Still the choice among these three is not easy, either can according to circumstances be employed first.

The *more plastic* the *exudation* is, the more *Iodine* is indicated. If we wish to take the indications anatomically then we must say *Spongia* is indicated for the *stasis*, the simple inflammation, *Bromine* for tumefaction and hypertrophy of the mucous membrane, *Iodine* for the exudation. Indeed *Spongia* whose indication is nearly coincident with that of *Iodine* (whistling, very *abrupt*, dry, sharp, barking cough, diurnal and nocturnal with pain in the larynx, and otherwise as *Iodine*,) is the most important remedy at the commencement of croup which it will often break up, and really specific and extremely prompt in action in pseudo-croup or in the nearly allied inflammatory and intense catarrhal varieties ; and influenza. On account of its volatile action this remedy

is therefore less indicated in organic and chronic kinds of cough than its relations *Bromine* and *Iodine*. In practice among children there is no remedy more likely to make converts to homœopathy than *Spongia* on account of its so rapidly banishing the croupy tone. What these remedies are for the cervical part of the air passages, that *Bryonia* is for the thoracic part. It most frequently follows *Aconite* to help to do what *Aconite* could not do, and it completes what *Mercurius* had already triumphantly initiated, in a certain way it is therefore more potent than *Aconite* which has a more constitutional sphere of action and less local, and again less potent locally than *Mercurius*, but also more extensive in its constitutional influence than this latter. *Bryonia* is above all things the *loosening* remedy, the lever of resolution in catarrhs, of resorption in inflammations, the right remedy for the second stage, for the intermediary conditions, for simple plastic, but not intensely inflammatory, *i. e.* for the croupous varieties. It is the principal remedy of *bronchial affections* (hence also influenza ;) of catarrhal pneumonia, only applicable when hepatisation is beginning to break up, but with involvement of the pleura at once of incomparable value ; likewise of chronic pneumonia. According to the character and seat of the bronchial affections the bryony-cough is the *concussive* kind, which comes from the *sternal region as if the chest would burst*, a little yellowish or slightly bloody, thin mucus is detached often with nausea or even vomiting, especially after food, with status gastricus, dyspnœa *stitch in the side*, myalgia, sensation as if *chest and head would burst*, dryness and feeling of soreness in the cervical region and further down the air passages.

Calcarea carbonica is not a cough remedy proper. The cough symptoms are not sharply defined in the provings, and speak both of dry cough and of the rough, velvety sensation in the throat, and of expectoration of thick mucus. The principal thing is that *Calc. carb.* is the most important remedy in conditions referable to *scrofulosis* and *tuberculosis*. In this quality *Calcarea* may be used with success in *chronic* varieties of cough referable to such, especially also in ulcerative processes of the larynx, and in those cough troubles having an organic basis. The special indications may be produced from the known pathogenesis of *Calc. carb.*, which is one of the best of those of the antipsoric drugs.

Chamomilla operates simply on the *nervous* sphere, and so diametrically opposed to the materially acting *Calcarea*. The old popular antispasmodic has also proved itself efficacious here, be the origin of the cough peripherally or centrally

conditioned by irritation of the nerves, especially in women and children.

Yet I must openly confess that I make but very little use of it myself because other remedies, such as *Bell.*, *Con.*, *Drosera.*, *Hyosc.*, *Phosph.*, *Veratr.*, offer me more definite *points d'appui* than does *Chamomilla.* "Dry tickling cough" is not sufficiently characteristic; on the other hand, the portraiture of nervous bronchial asthma is capitally characterised by the symptom: *suffocative dyspnœa, as if the windpipe were tied together with string; constant irritation to cough.*

Conium belongs to the same sphere but its action axtends to organic metamorphosis. The cough of this drug is *periodical*, dry, excited by itching, grating, *tickling in the throat* or behind the sternum; it comes in short bouts, is especially evoked by lying down, *talking* and *laughing. These last two causes of the cough may be considered conclusive for the choice.** The irritation to cough lies in the larynx or in the bronchi. In pertussis it is indicated after *Drosera* towards the end of the nervous stage, just when talking and laughing evoke attacks whose violence and duration are already broken up. In nervous bronchial asthma it has a decided influence, and it affords amelioration in organic cases.

Drosera has a very sharply defined indication as I have on a former occasion demonstrated. The most characteristic point lies in the fact of the cough coming on in fits (*acces* or *quintes*, as the French have it) with *intervals of greater duration.* The cough in the intervals is of short duration, not exhausting, and thought nothing of by the patient, as compared with the torturing bouts of coughing constituting the *fits.* The attacks begin mildly, are of a short duration, increase in intensity in their course; *one cough follows another uninterruptedly, compels the recumbent sufferer to sit up:* always begins with *titillation* and *fresh inspirations* that sometimes (as in pertussis) so increase in severity until the *taking breath* becomes audible, and finally, after a duration of from a few minutes to a quarter of an hour or more there follows vomiting of a little mucus (less frequently of food) or an eructation of the same, and then the fit of coughing is at an end. Herewithal the cough seems to come from a great *depth* (said even to come from the abdomen,) *shaking all the muscles of the chest and body*, that are often painful for some time, and the

---

* These symptoms (cough caused by *talking* and *laughing.*—Transl.) are in no Materia Medica, and are ex usu in morbis, so also many others contained in this treatise. I have thoroughly tried and confirmed them. —*Author.*

patient feels much exhausted after the attack. The appearance of the attack is often *nocturnal, worse from lying down.* These attacks are evidently of a spastic nature, are connected with irritation of the vagus, and have their seat in the bronchi. They occur in pertussis, but also in bronchial catarrhs, after bronchitis, in old age, in connection with emphysema, or bronchiectasis. I have seen splendid results, not only in pertussis, but especially in the latter kinds. The cure results so that after a few days the intervals between the attacks get longer, the attacks shorter, milder, until they at last disappear without any perceptible local crisis. Let, however, the doses be always of a low attenuation, the second or third, every three or four hours, Whenever there are paroxysms always think first of all of *Drosera.*

Dulcamara I have never used. I did not need it, and I also consider its indications too indefinite. "Loosening cough" is all that is of any avail, and that does not suffice. We have better and more deeply-going remedies for such a cough, for instance :

Hepar sulphuris, which may be best defined by leaving it for those cases that *Acon.*, *Bry.*, *Merc.*, *Brom.*, *Iod.*, or *Spong.*, so far ameliorate that they enter the stage of resolution. In acute varieties, when the *resolution is occurring spontaneously*, and in those *moist* kinds of cough depending on an organic or catarrhal basis, *Hepar sulph.* is the most important remedy, whether the seat is located in the upper or lower air passages. In croup, in pneumonia, it is not indicated before the second stage, the stage of resolution. It is less appropriate for tuberculosis than for cheesy and chronic pneumonia. *Hepar* is likewise frequently indicated when the cough is complicated with ventricular and intestinal catarrh, or when the cough is sympathetic of inflammation of the mucous membrane of mouth, fauces or pharynx. If you want to observe a primary exacerbation caused by a homœopathic remedy even in the third trituration, then give *Hepar* too early, and you will find the cough that was already getting loose and moist, become dry again. But higher attenuations of this remedy I have never seen of any good.

Hoarseness, grating, irritation in the larynx or in the lower part of the fauces, mucous râles, are important indications for this remedy, which should be characterised as specific for the *plasticity* of the different processes.

Hyoscyamus, in indications allied to *Bell.*, differing from it in its purely *anti-nervous* nature, without the relation to the vaso-motor element. *Noctural exacerbation of a dry, spasmodic, tickling cough* from the trachea, especially worse on

lying down, is the most important indication. I confess that I have often been deceived in the result, and have had better success with *Phosph.* and other drugs; hence I use it but unwillingly.

Equally seldom is my use of *Ignatia.* It is appropriate only in coughs of central origin, such as in spinal irritation (hysteria) or in the neuro-catarrhal affections of the larynx and trachea of the hysterical. Perhaps, also, in bronchial asthma, or angina pectoris of such patients. The cough is *tickling, dry, downy*, or, as if from *sulphur vapour*, constriction in the troat, globus hystericus and other such symptoms.

Ipecacuanha, spasmodic cough or catarrhal *tickling cough*, also *suffocative cough* with *dyspnœa*, nausea, *emetic action without emesis*, especially at the termination of an attack, or with the throwing up (spitting up) of sparse, albuminoid, *disgusting* mucus, also when there is *mucous rattling* and *vomiting of food* (but in a less degree than that of *Tart. emet.*) We must attach the greatest importance to the *nausea* in the cough of *Ipec.*, and the absence of inflammatory irritation, and also to its inclination to end in resolution. Catarrh of the stomach, bronchial asthma, are important indications, more in bronchial and laryngeal affections, In pertussis towards the end. Has special relations to the vagus. Peculiarly indicated in women and children.

Iodine vide *Bromine* (ante.)

Kali bichromicum, with its dry, short, continual *tickling cough* and pain in the larynx, as if from an ulcer, has great affinity to *Brom.*, *Spongia*. *Iod.* is more appropriate, however, for the less acute, furtive cases. *Inflammatory redness of the pharynx and fauces* with a smooth and papular surface is characteristic of it. The remedy deserves greater attention then is at present paid to it.

Laurocerasus, tussiculation, continual irritation and tickling, short, little cough, lightness of breathing, is only appropriated for the nervous kinds, most particularly for the *irritative cough depending on cardiac affections.* Not long ago I observed a most striking action in a case of stenosis of the mitral valves. Patient had coughed continuously for several nights as soon as he lay down. One dose of *Lauroc.* 1—he slept and could lie, and did not cough for a whole week.

How the allopaths, and more still their patients, are to be pitied, that their school should lack a knowledge of *Mercurius* (sol.) as a cough remedy. Where is there a more certain, a more specifically-acting remedy for the appropriate kinds of cough of a catarrhal, inflammatory, organic nature, running

from the fauces through the trachea and down to the finest bronchi, decisive in acute affections, ameliorating in the chronic, slime-loosening, resolvent, restorative? Where *roughness, burning, feeling of soreness* from the fauces down to the sternum, hoarseness of voice, dry cough, raw, concussive, exhaustive, naturally exacerbated; sputum ropy, watery, spittle-like, nasty, bloody, catarrhal headache, coryza, diarrhœa, fever, non-ameliorating night-sweats—here is the real province of *Mercurius*. Its place is somewhere after *Aconitum*, before *Bry.*, or *Puls.*, or *Hepar.*, or *Tart. emet.*; also ushering in the turning point, critically interfering, so that the last-mentioned may finish the affair. *Mercurius* is the sovereign remedy of bronchitis and of the inflammatory bronchial catarrhs.

Nux vomica, intensively and extensively important polychrest, has nevertheless but a limited sphere of action in coughs. Only when the cough is a collateral phenomenon of a general catarrhal condition, and where all the other signa morbi call for *Nux*, and particularly when in these conditions the *facial* and *pharyngeal* mucous membrane is principally affected. Hence the cough of *Nux* is *grating, scraping*, rough, with irritation in the *throat*, or above the *sternum*, resolving heavy tough mucus, waking up from the morning sleep, or brought on again, or exacerbated by eating, or vomiting. Inveterate coryza, influenza, more particularly simple *catarrhs*; these conditions constitute the sphere of *Nux*.

Opium.—I wonder how it happens that the tussal panacea of the allopaths, *Opium*, so seldom finds appropriate employment in our school? In this our principle alone decides. According to the simile *Opium*, appears as curative only in *spasmodic kinds of cough with continual, dry tickling cough that gives no peace night or day*. Except this in all those cases where the old school employ it, such as in the cough of the phthisical where it is an extremely blessed remedy, as keeping off the nocturnal attacks, it only acts by reason of its narcotic principles, palliatively; for this, however, strong allopathic doses are necessary.

Phosphorus.—The indication of *Phosph.* in *nervous* coughs runs almost the same, it can be compared with *Bell.* and with *Drosera*. With *Opium* we might almost say that the titillation is the principal thing, with *Phosphorus* the cough is the most harassing. The irritation of *Phosph.* is not so continual as that of *Opium*. Also with *Bell.* the cough is milder, and not so deeply lying. The similarity to *Drosera* lies in this that both kinds of cough occur in *bouts* and intervals. The cough of *Phosph.* however, is *abrupt, rough, sharp, dry, between*

each tussal effort there is a short interval, which is absent in the cough of *Drosera* where the whole lot come one after another; the *cough does not begin with a deep inspiration,* but the *expiration* is predominent; the *recumbent* patient can cough on without being compelled to sit up, and the attack does not always end in expectoration, or vomiting of mucus, but ceases gradually.

So also the cough of *Phosphorus* does not seem to come up from the very bottom of the belly. The patients accurately state that it is either the larynx, or bronchi and lungs. That *Phosphorus* is a principal cough remedy in nervous kinds, such as these, is quite positive, hence its brilliant action in narrowing of the glottis, in the cough of bronchial asthma, in angina pectoris (cardiac cough.) But also in the catarrhal inflammatory organic varieties extending throughout the entire air-passages, *Phosphorus* shows its favorable action in an extent and importance that will warrant a comparison with those of any other cough remedies. We find *Phosphorus* everywhere from laryngeal, tracheal, bronchial, and pulmonary catarrh on to inflammation, even to the most croupous of all these parts and to the pseudo-plasms and disorganisations of tissue. The painfulness of the larynx on pressure, the different kinds of pain, *as if from a sore part, stitch, burning* in all these parts, the sputum of frothy, sticky, *purulent,* salty, sweet, *brown,* rusty, *bloody* mucus; the cough is excited by talking, laughing, eating, moving about, hoarseness going on to aphonia, *dyspnœa,* or *shortness of breath,* the great weakness and prostration, the fever, sufficiently testify to the profound nature of this gem of a drug that even in emphysema and tuberculosis still shows its power.

In an attack of cough occurring in a child with measles, where a twelve-hour, continuous irritative cough had at last brought up froth and blood, I obtained help from *Phosphorus* almost instantaneously and permanently after the administration of all other remedies in vain. In pneumonia it still continues the principal remedy, and in croup it prevents paralysis and narcosis from carbonised blood.

Pulsatilla has a remarkable similarity to *Hepar sulphuris,* which is also evidence in the fact that it helps even in its third attenuation. When *Pulsatilla* had been given too soon, it produces exacerbation and causes the beginning moistness to disappear and the cough gets as dry as ever. *Pulsatilla,* like *Hepar,* is only appropriate in the loosening cough with expectoration of much mucus, particularly yellowish, whitish, salty, and at the end of the catarrh, and in chronic catarrhs.

Pulsatilla does not dip so deeply into the metamorphoses as does *Hepar*, and is hence only alleviating in chronic organic cases. Where there are mucous râles, where asthmatic difficulties arise from the accumulation of mucus (emphysema,) catarrhal irritation in the throat, better out of doors, worse in the evening and at night, there *Pulsatilla* is especially indicated. In that variety in which there is a diurnal cough, and at night on lying down a dry tickly cough *Pulsatilla* is quite specific.

Senega.—This remedy that of yore was so celebrated in the old school, is alas! with us too little regarded. And yet it deserves attention on account of its powerful resolvent action, especially with *tough mucus* that is *difficultly loosened*, in *torpid* conditions of the laryngeal and bronchial mucous membrane occurring in the aged, in the lax and phlegmatic, and in chronic catarrhal affections, in emphysema, in asthma senile, in bronchiectasis and in tuberculosis. The remains of inflammatory catarrhs, with inveterately chronic cough, the insufficiently resolving hepatisations of old pneumonias, as also the chronic and cheesy, find in *Senega* a most powerful remedy.

Sepia.—The learned, or rather practitioners, cannot agree about this drug. This results from the indefiniteness of the proving. How often must clinical experiment step in and decide, for the proving of *Sepia* has both moist and dry cough, nay even much expectoration of mucus, white, salty tasting, even purulent sputum.

In the latter cases I have not seen *Sepia* do much. I find it, however, effective in that *kind of short dry cough* so characteristic of tuberculosis. There we have *titillation* in the larynx, sometimes a thick, deep voice without *metallic timbre*, a *sensation of dryness* in the chest and in the larynx, dry, screeching, hollow, deep cough, that is better on lying down. There is sometimes a little mucus got up, but with difficulty, and it is tough, slimy or albuminoid. *Sepia* is, next to *Calcarea*, my chief remedy in tuberculosis. Then I use it successfully in chronic catarrhs, especially when they are complicated with chronic gastric catarrh, or when venous stasis is co-existent. Speaking generally *Sepia* has a rather limited sphere of action, and its choice requires some consideration.

Sulphur is also indicated in the chronic varieties, but it is of more extensive application, often less from its specific relations to the cough than from its influence on the vasomotor nerves and on the metamorphosis, and of its power of awakening a reaction. Hence *Sulphur* is so potent in the most heterogeneous morbid processes when the course is slow

and will not come to activity, this both in acute cases and in catarrhs and inflammation (*Sulphur*, resolves hepatisations effectively!) or in organic diseases of the air-passages, and of the heart. As we have especially in the provers' symptoms all the different kinds of cough represented, dry as well as moist, also the different kinds of sputum, so we must keep ourselves more to the nature and course of the morbid process but, more especially, to the *constitutional* indications and the deciding collateral circumstances. Whenever there is a a *dyscratic* element in question, think early of *Sulphur*.

Veratrum, just as it has a great similarity with the gastric and intestinal affections of *Ipecacuanha*, so also in the cough affection. For the symptoms we may almost refer to the latter, only that instead of the tickly cough there is also an *impulsive* cough with *Veratrum*, that the titillation of *Veratrum* lies *lower down* in the air-passages, that there is a sense of constriction in the throat, that the *anxiety*, the *nausea*, the *vomiting of food and mucus* after the cough are stronger in *Veratrum*, that the attacks simulate more those of *Drosera* and *Belladonna* as having longer intervals. The characteristic difference between these remedies consist in this, that *Veratrum* has more of the *spastic*, and *Ipecacuanha*, more of the *catarrhal* element; hence also the great and often determined influence of *Veratrum* in influenza, in simple spasmodic cough, in pertussis next to *Belladonna*, *Drosera*, *Conium*, *Cuprum*, in nervous bronchial asthma, in narrowing of the gottis and in angina pectoris.

With this remedy closes the series of the *principal* cough remedies which this treatise was intended to elucidate.

CEREBRO-SPINAL MENINGITIS.*

Our epidemic influence has finally culminated in cerebro-spinal meningitis. We have had it in the form of influenza, cynanche maligna, catarrhal fever, relapsing fever, severe neuralgia, and lastly the affection of the nerve centres. We have not had so very many cases, but considering their character, fully enough.

The symptoms have been quite clear in all, and the merest tyro in medicine could hardly mistake the character of the disease, or fail to locate it in the upper portion of the cord and base of the brain.

* Treatment with homeopathic remedies by an eclectic. J. M. Scudder, M. D., *Eclectic Medical Journal*, p. 140, March 1873.

My first case, a child of two and a half years, was attacked with sharp fever, and I was sent for at once. The head was somewhat drawn back, the eyes bright, pupils contracted, skin dry, upper lip much swollen, mouth dry and sore, pulse 110. The child would sleep a few minutes, and then start with affright and a sharp cry—*cry encephalique;* and there was a very sharp stroke to the pulse (click,) the wave of blood being tremulous until next stroke.

Should have given Gelseminum, but the mother was violently prejudiced against the remedy. Examined the child carefully for special symptoms—swollen lip, sore mouth parched, bright flush on left cheek, orbital pain, pointed to Rhus toxicodendron. Prescribed it as follows: ℞ Tinct. Rhus. gtts. ij.; Tinct. Aconite, gtts. iv.; Water, iv. oz.; a teaspoonful every hour. There was decided relief in twenty-four hours, entire arrest of the cerebro-spinal disease in seventy-two hours, and a good convalescence, marred by a very sore mouth. It was a query whether the original sore mouth was aggravated by the Rhus, or whether it was wholly the result of the disease.

M. B., æt. 7; complained of soreness of back and limbs and headache on the 22d, but the mother thought little of it, and the child was sent up stairs to sleep as usual. In the morning she was evidently quite sick, though I did not get to see her until 10 A. M. Found her unconscious, head drawn back, eyes maintained in one position, pulse 120, sharp stroke, followed by tremulous current of blood.

Prescribed at the coma—℞ Tinct. Belladonna, gtts. x.; Tinct. Aconite, gtts. v.; Water, ℥iv.; a teaspoonful every hour; hot stimulant foot-bath. Saw her in the evening, worse, evidently a mistake in the treatment. Examined her closely, as without relief she would not live through the night. Sharp stroke to pulse, peculiar appearance of papillæ of tongue, dryness of eyes, slight flush on left cheek; prescribed—℞ Tinct. Rhus, gtts. iv.; Water, ℥iv.; a teaspoonful every hour. Morning shows some relief of the nervous system, and circulation is better. Evening, at times conscious, then delirious—improving; but now there is an eruption, like that in scarlatina maligna, but in large blotches, the intervening skin of natural color. The mother and friends think it scarlet fever, I believe it the effect of the medicine. Next morning, very much better, conscious, circulation good, takes milk. Prescribed—℞ Tinct. Aconite, gtts. v.; Tinct. Ipecac. gtts. x.; Water, ℥iv.; a teaspoonful every two hours—convalesced rapidly.

I have had one fatal case. E. C———, æt. 2 years, was unwell in the morning, but did not seem very sick, and at noon the father prepared some Aconite for her and went to his business. Was called in haste at 3 P. M., and found her unconscious, the head drawn back, and a condition of semi-spasm, the limbs being in continuous movement. Sudden startings, *cry cucephalique*, sharp stroke of pulse, tremulous wave of blood, dry eyes, and bright flush on cheeks.

Prescribed—℞ Tinct. Aconite, gtts. iv.; Tinct. Rhus, gtts. ij.; Water, iv. oz.; a teaspoonful every hour. Was better in the morning, still better in the evening, the nerve centres being quite relieved, Same evening at 8, the child showed nausea' which was presently followed by vomiting; by midnight this became severe, and the matter discharged bloody, and at last dark colored and grumous. Father came for me in the country at 4½ A. M. Prescribed—℞ Tinct. Nux vomica, gtts. ij.; Water, iv. oz.; small doses frequently repeated. The relief was speedy, but the shock to the system was too much, the cerebro-spinal disease was renewed, and beyond control, and with evident suppuration of the meninges the child struggled against death for five days more.

I need not report all the cases I have seen, but may say, that of eleven but one has died. Of the ten eight have permanently recovered, two still show the effects of the disease, though now in the third week. In seven, Rhus has been the principal remedy. In one it was Bicarbonate of Soda. In two Bryonia. In one Aconite with Macrotys.

Since the above was written one of the two has died, the other permanently recovered. The death was in a child four months old, the disease lasting in all four weeks, there being two periods of amendment, and two relapses. The tendency to relapse has been marked in a number of these cases, showing the relationship between the cerebro-spinal meningitis and the relapsing fever of the Winter. It is well to bear this fact in mind, as I have known of a considerable number of cases dying from a relapse. Careful attention during the amendment, continuing the special remedy, whatever it may be, until the seventh day has passed, and we are assured of complete convalescence, is the part of wisdom.

INFANTILE MORTALITY.—According to the Lévy, (p. 18) the Jews lose fewer children than other religionists; from 1850 to 1861, we find in Prussia, for 100 births the proportions of mortality which follow:

Evangel's.	Cath.	Philipos.	Ger. Cath.	Mennoni's.	Jews.
66.37	65.94	56.04	56.77	86.66	48.11

Our Israelitish Brethren, Atlantic Monthly, Oct.

Colleges, Societies, etc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Thirtieth Anniversary and Twenty-Sixth Session.

FIRST DAY—MORNING SESSION.

This Institute, which is the oldest national medical association in the United States, commenced its twenty-sixth session June 3rd, 1872 in the hall of the Cleveland Homœopathic College 99 Prospect street. The Institute was called to order pomptly at 10 o'clock by the President, Professor A. E. Small, of Chicago. After prayer had been offered by the Rev. Dr. Baker, the following

ADDRESS OF WELCOME

to the delegates and members was made by Professor J. C. Sanders, of Cleveland :

Mr. President and Ladies and Gentlemen of the American Institute :

Wearied by your journeyings and worn by labors, responsibilites and anxieties you have left behind, and come from States near and far away, Ohio, vast, rich, mighty in peace and in war, in greeting salutation unfurls over you her banner of power and glory. And Cleveland, her fairest daughter, whose feet are washed by the commerce-whitened shores of Erie, whose sinews are iron and steel, whose brow is forest-crowned, whose heart is warm with love and nurturing care towards her own, and whose home altars glow with generous hospitality towards the worthy stranger within her gates, bids you welcome, and tenders to you rest.

No other class of men so needs rest. For this you could well incur the expense of time and money, and for this your own families could well bid you God speed, but the sick and suffering and the soon-to-die whom you have left behind still plead with you as with angel voices that this respite shall be improved not for your own but for their advantage. And all the sick and suffering and dying in our vast humanity could well join in this importunity.

For in your corporate capacity as the American Institute of

Homœopathy you represent the most advanced truth in medicine, the only rational philosophy of cure and the surest and safest therapia, and you meet again to unfold and make known to each other the treasured results of another year's study and experience.

How important then it is that each brings to this altar his best gift, and gathers therefrom some truth or suggestion of research or experience not before his own, that shall be a substantial answer to this prayer now breathing in the chambers of the sick and dying all over the land. And how essential it is that no waste is made of these precious possibilities in parliamentary circumlocution and routine, or in Bacchanalian revelries, or by obtrusions of themes foreign to medicine, or by discussions of self-evident propositions, or in vauntings of puerile and petling ideas, or by the effervescence of personal figures, or in the display of the brandished and clashing steel of rancorous debate.

With the eyes of all who feel the blight of disease or the curse of pain or the shawdowy touch of approaching death turned eagerly toward you, with the immortal Hahnemann in saintly and almost speaking portraiture before you, and with homœopathy, the divine truth which flashed through his intellect, and for which the world waited through the ages, as your *genius loci*, his left hand on your altar, his face radiant with heavenly benedictions, his right hand pointing onward to the halcyon era of universal sway—what inspirations have you not to strike hands in loyal and cherishing brotherhood and move toward a higher plane of thought and discussion than ever before attained, and make this session of the institute memorable in the history of medicine.

The President then delivered the Annual Address, the publication of which we have not space for in this number.

The address was received with great applause. The chair then appointed the following committees:

Committee on Credentials.—T. F. Smith, M. D., New York; N. Schneider, M. D., Cleveland; T. L. Brown, M. D., Binghamton, New York.

Auditing Committee.—S. M. Cate, M. D., Salem, Massachusetts; E. Z. Beckwith, M. D., Zanesville, Ohio; J. H. McClelland, M. D., Pittsburg, Pennsylvania.

The report of the Committee of Publication was then presented by the General Secretary. It stated that a volume of five hundred pages had been printed in handsome style and furnished to members, to journals, and to some public libraries representing the proceedings and papers of the twenty-fifth session, held at Washington last year.

The report of the Treasurer, E. M. Kellogg, M. D., of New York was then presented and referred to Auditors. The report showed that the receipts of the institute had exceeded three thousand dollars during the past fiscal year, and that all expenses had been paid, with a small balance remaining. The Treasurer then offered the following resolution, which was unanimously adopted :

Resolved, That all members of the Institute who have been members in good standing for twenty-five years, shall be placed upon the Honorary list, and as such shall retain all the rights and privileges of full membership, and be exempt from the payment of future dues.

Dr. J. P. Dake, of Nashville, Tennessee, then offered the following resolution, referring to the recent outrageous action of the Massachusetts Medical Society (old school,) in attempting to expel and stigmatize members of the Society for practicing homœopathy.

Resolved, That the American Institute of Homœopathy, protests against the recent attempt of the Massachusetts Medical Society to brand as guilty of conduct unbecoming and unworthy of an honorable physician such of their members as, having a thorough medical education and unblemished characters, conscientiously practice homœopathy ; that such action is subversive of freedom of thought in a science which demands the most untrammeled investigation, and aims a death blow at any improvement in medicine ; that it is an insult alike to the practitioners and the patrons of homœopathy ; and that it must react with greatest force upon those who thus attempt to destroy characters and enslave science."

The resolution was received with great enthusiasm and unanimously adopted.

The report and papers of the Bureau of Materia Medica, Pharmacy and Provings were then called for.

Dr. I. T. Talbot, of Boston, Mass., presented the general report of the Bureau, in which was announced that the following papers would be presented :

Verification of Symptoms, by W. E. Payne, of Bath, Me.
Provings of Eucalyptus globulus, by E. M. Hale, of Chicago.
Verified Symptoms, by W. McGeorge, of Woodbury, N. J.
The use of Sulphur in Acute Diseases, by C. Wesselhœft, of Boston.
Provings of Fagopyrum and Sulphate of Lime, by T. F. Allen, of N. Y.
Physiological Proving of Vaccine upon Sheep, by J. Pettet, Cleveland.
A plan for the more thorough and proper proving of remedies and notation of symptoms for use under the homœopathic law, by S. P. Dake, of Nashville, (especially ordered by the Institute.)

Dr. Dake then read his paper, which had evidently been prepared with great care. He took ground in favor of the thorough organization and equipment of a centrally situated College of Provers, for testing the effects of drugs upon the system of educated and properly qualified provers, who should

record the effects produced and carry on all their work under the guidance and control of a faculty. The result of these labors would develop the action of drugs upon human beings, and would be published by the college for the use of the entire profession. This paper elicited considerable discussion.

Dr. T. C. Duncan, of Chicago, took ground in favor of provings being made by members of the profession scattered throughout the length and breadth of the land; he regarding the establishment of a college as impracticable.

Dr. Dudley, of Philadelphia, thanked Dr. Dake for his paper. He expected a masterly report and had not been disappointed. He spoke of the importance of provings as the only reliable method of arriving at the effects of drugs, instead of watching their effects upon the sick.

Dr. S. R. Beckwith, of Cincinnati, said he intended to offer a resolution looking to the memorializing of Congress to supply means and ways for the carrying out of the suggestions offered in the paper. All medical men are agreed that the proper way to arrive at the action of drugs is to prove them upon the healthy. He had no doubt that a college of provers could be established by Congress in connection with the Smithsonian Institute if the matter were properly presented and urged.

Dr. G. W. Bowen, of Fort Wayne, Indiana, addressed the Institute at length in favor of the publication of Dr. Hering's Materia Medica.

Dr. Lilienthal said that Dr. Hering had gathered provings from all sources, and it could not be claimed for them that they were all scientific provings. He was in favor of Dr. Dake's plan. He thought that in ten years a new era would be opened up in homœopathy.

Dr. T. F. Allen, of New York, said that every University of Europe had established a department of physiological provings. They are pushing this matter of proving of drugs in the old school in such a way as should put us to the blush. He had been reading recently of provings of Saporine which were very interesting. In the last number of the *Practitioner*, an English allopathic journal, a writer gave credit to Hahnemann as the author of the system of physiological provings of drugs, and admitted that the homœopathic law of cure was a law, although he did not acknowledge it as the only law. In connection with the New York Homœopathic College a department of provings had been established, both for proving drugs on healthy human beings and for pushing experiments upon animals.

Dr. I. T. Talbot, of Boston, thought it was a healthful sign

for the Institute at the commencement of a session to thus take up and discuss that subject which forms the basis upon which homœopathy rests. It was the publication of provings made by such men as Hering, Williamson, Neidhard, Payne, and others that made it the best volume. He thought Dr. Dake's scheme a grand one, and that every effort should be made to carry it into effect. Congress should be memorialized, and the matter pushed on until the object was attained.

Dr. T. L. Brown, of Binghamton, N. Y. said he had been converted to Dr. Dake's plan. He wanted to see it carried out. He would give as much money towards the support of such an institution as any member of the Institute.

The Board of Censors then submitted the names of certain applicants for membership, Dr. T. F. Allen, of New York, objected to receiving graduates of the Hygienic College of New York as members.

The Institute then adjourned to meet at four o'clock in the afternoon.

AFTERNOON SESSION.

Dr. I. T. Talbot read a paper by Dr. William E. Payne, of of Maine, on the question whether the purification of the *Materia Medica* can be effected by re-provings of drugs : in which the doctor took the ground that re-proving was unnecessary, and that the symptomatology of the *Materia Medica* was to be purified by clinical verification of these symptoms.

Dr. J. P. Dake made an eloquent and effective appeal, at great length, for the plan of re-proving remedies detailed by him in his paper read during the morning session.

Dr. Swazey, of Springfield, Massachusetts, thought that Dr. Dake's remarks were calculated to belittle the provings we have been relying upon, and with such successful practical results, during so many years. He thought we should use the means we have in effecting new provings and re-provings.

Dr. Wm. Von Gottschalk thought that this was a matter that should not be treated lightly and that it should be deferred for one year.

Dr. D. H. Beckwith offered the following preamble and resolution touching this subject :

Whereas, In the opinion of the American Institute of Homœopathy a more thorough and complete proving of the drugs now used by the medical profession is important and necessary, to the end that the *Materia Medica* may be purified, so far as possible, both from errors and superfluities, and become more available for the treatment of disease ; therefore

Resolved, That a special commission be appointed by the Institute, to memorialize Congress at its next session in relation to appropriating such a sum or sums as in the opinion of the commission may be necessary

to establish and maintain a prover's college, upon such a plan and with such a faculty as may be deemed advisable.

On motion of Dr. Talbot, the above resolution, together with the subject of establishing a college of provers, was referred to a special committee as follows: Drs. I. T. Talbot, S. R. Beckwith, T. F. Allen, T. L. Brown, Lyman Clary.

The Board of Censors reported the following applicants for membership as eligible, and they were accordingly elected:

C. S. Eldridge, Chicago, Illinois.	E. H. Stilson, Keokuk, Iowa.
E. M. Scheurer, Clearfield Penn.	J. Rettet, Cleveland, Ohio.
Geo. Ballen, Mt. Barker, S. Australia.	Harry P. Mera, Rochester, N. Y.
Wm. K. Williams, Philadelphia, Pa.	A. F. Schatz, Columbus, Ohio.
J. B. Hall, St. Paul, Minnesota.	Milton P. Hayward, Oberlin, Ohio.
Israel B. Chanther, Allegheny City, Pa.	George C. McDermott, Warren, Pa.
R. E. Caruthers, Allegheny City, Pa.	William A. Phillips, Cleveland, O.
Joseph H. Buffum, Pittsburg, Penn.	E. P. Gaylord, Toledo, Ohio.
James Winz, St. Louis, Missouri.	W. P. Armstrong, Paris, Illinois.
O. S. Runnells, Indianapolis, Ind.	O. L. Bradford, Andover, Mass.
M. B. Lukens, Cleveland, Ohio.	Sara B. Chase, Brownhelm, Ohio.
Moses H. Waters, Terre Haute, Ind.	H. A. Warren, Emporia, Kansas.
Isaac N. Eldridge, Flint, Michigan.	E. V. Van Norman, Springfield, O.
Mrs. Jennie Ensign, New York.	E. M. Hall, Fredericktown, Ohio.
Myron H. Parmelee, Toledo, Ohio.	E. W. Robertson, Cleveland, Ohio.
Charles R. Dake, Brooklyn, N. Y.	J. B. Hunt, Indianapolis, Ind.
William M. Butler, Montclair, N. Y.	A. B. Cassarrat, Otsego, N. Y.
William L. Breyfogle, Louisville, Ky.	A. C. McChesney, College Hill, O.
W. H. Leonard, Minneapolis Minn.	R. F. Turner, Wheeling, W. Virginia.

Several applications were thrown out in consequence of the irregularity of the applicant's diplomas.

Dr. T. F. Allen, of New York, presented a very valuable proving of *Fagopyrum*, which was referred to the committee of publication. Other papers were then read by title and referred.

The Society then adjourned to meet in the evening at 8 o'clock.

EVENING SESSION.

The report and papers in possession of the Bureau of Clinical Medicine, were then presented by Dr. J. C. Burgher, of Pittsburg. The following papers were presented:

Hints on the management of Phthisis pulmonalis, by George A. Hall. of Chicago.

An examination of the apparent causes and results of treatment in one hundred cases of phthisis, by H. B. Clarke, of New Bedford, Mass.

Ferrum versus Phthisis, by E. C. Beckwith, of Zanesville, Ohio.

Regular and systematic respiration of pure air as a prophylaxis of Phthisis, by J. C. Burgher, of Pittsburg.

Statistics of comparative mortality under allopathic and homœopathic treatment, by E. M. Kellogg, of New York.

Anal and Rectal Fissure, by W. Eggert of Indianapolis.

Clinical reports of three cases cured by Natrum muriaticum, by W. Gallupe, of Bangor, Maine.

Practical remarks on Pulmonary Consumption, by W. H. Holcombe, of New Orleans.

These papers were read and discussed.

CONSUMPTION.

Dr. Marix, of Denver, Colorado, protested against the use of compound remedies and palliatives such as the external use of Croton oil by homœopathic practitioners, as followed by Dr. Clarke. He regarded consumption as amenable to our homœopathic remedies in the earlier stages.

Dr. Lilienthal, of New York, also protested against such treatment. Consumption, he regarded as a disease setting in from mal-nutrition and assimilation of food, and that in its earlier stages medicines selected homœopathically for the treatment of these derangements would prevent and cure the lung disease.

Dr. S. M. Cate, of Salem, Massachusetts, protested against gentlemen denouncing the treatment of others because it did not comport with their own methods.

Dr. C. H. Von Tagen, of Cleveland, related an interesting case coming under his observation, in which a distinguished naval officer, who had well-developed consumption, was cured by taking to a naval life.

Dr. T. L. Brown, of Binghamton, New York, also related a very interesting case in which an old gentleman who had incipient consumption, was cured by open-air exercise and abstaining from all stimulating and improper food, principally tea and coffee, eating but two meals a day.

Dr. Gottschalk had made one hundred and fifty autopsies of soldiers and had found but one healthy lung; in all the others there were more or less marks of disease, and in many were cicatrices, showing healed-up ulcerative processes which had been going on in the lungs. He thought a bureau of climatology should be organized, especially for the benefit of consumptives.

The subject of consumption was still further discussed by Drs. R. R. Gregg, of Buffalo, New York; Pratt, of Wheaton, Illinois; Swazey, of Springfield, Massachusetts; and Pearson, of Mount Pleasant, Iowa.

Dr. Pearson had cured many cases with all the symptoms reported by Dr. Clarke where there was no disease of the lungs. He was surprised that no mention had been made of the state of the pulse. If he had a case with all the symptoms related, and a pulse of 70, he would have no fears as far as consumption is concerned. But when the pulse is 120 then there is serious danger of consumption.

Adjourned to meet on Wednesday morning, at 9½ o'clock

THIRD DAY—MORNING SESSION.

The session of the Institute was resumed on Wednesday morning, in the College Hall, at half-past nine o'clock, the President in the Chair.

The Bureau of Clinical Medicine, resumed its report; Dr. Geo. A. Hall, of Chicago, presented a paper entitled "Hints for the management of Pulmonary Phthisis."

Dr. E. C. Franklin, of St. Louis, spoke at length in regard to the treatment of consumption. He had no faith in remedies, and did not know of any drug that had any reliable influence upon the disease. He regarded the systematic inhalation of pure air as the most useful means of cure, and related a case in which remarkable improvement was effected by this means in three months.

Dr. J. C. Burgher had a paper prepared on the systematic respiration of pure atmospheric air. He used a tube as an inhaler, more for the purpose of inciting the patients to make the respirations as directed and as a handy means of making them than for any specific effect otherwise.

Dr. R. R. Gregg, of Buffalo, New York, who has made a special study of consumption and its treatment, made a very interesting statement, at great length, concerning the pathology of this disease; and exhibited a number of enlarged photographic views from Virchow and other pathologists, exhibiting the microscropic appearances of the lung tissue during various stages of the disease.

The President announced the appointment of the *Bureau of Materia Medica* as follows: T. F. Allen, M. D., New York, Chairman; H. H. Baxter, M. D., Cleveland; Wallace McGeorge, M. D., Woodbury, N. J.; Wm. E. Payne, M. D., Bath, Me.; E. M. Hale, M. D., Chicago; O. P. Baer, M. D., Richmond, Ind.; J. P. Dake, M. D., Nashville, Tenn.; Constantine Hering, M. D., Philadelphia.

Dr. E. M. Kellogg, of New York, presented a paper on comparative mortality in the cities of New York, Boston, and Philadelphia, under the allopathic and homœopathic treatment, which exhibited the following results:

ALLOPATHIC.

City.	Year.	No. of Physicians.	No. of Deaths	Ratio.
New York.	1870	944	14,869	15.75
"	1871	984	15,526	15.78
Boston.	1870	218	3.872	17.76
"	1871	233	3,369	14.46
"	1872	233	4,575	19.63
Philadelphia.	1872	655	12,468	19.03
Total.		3,267	54,678	16,73

City.	Year.	HOMŒOPATHIC. No. of Physicians.	No. of Deaths.	Ratio.
New York.	1870	143	1,287	9.00
"	1871	156	1,243	7.97
Boston.	1870	40	402	10.05
"	1871	44	363	8.25
"	1872	54	446	8.26
Philadelphia.	1872	168	2,162	12.87
Total.		605	5,903	9.75

From these tables it appears that where homœopathy loses ten patients, allopathy loses seventeen.

The balance of the papers of the Bureau of Clinical Medicine were then read by Title and referred to the Committee of Pnblication.

The Secretary presented the draft of a constitution and by-laws prepared by the Bureau of Organization, Registration and Statistics. On motion the Secretary was directed to have the same printed and sent out with next volume of transactions for action at the next session. The report and papers of the Bureau of Obstetrics and Diseases of Women and Children were next in the order. The chairman Prof. R. Ludlam, of Chicago, presented the report and announced the following papers :

Leucorrhœa in its relation to Menstruation. By Dr. O. B. Gause, of Philadelphia.

Leucorrhœa as a Conservator. By Dr. J. C. Sanders, of Cleveland.

Inversion of the Uterus. By Dr. Mary Safford Blake, of Boston.

Cervicitis as related to Leucorrhœa. By J. H. Woodbury, of Boston.

These papers were read, accepted and discussed, and subsequently referred to the Committee on Publication.

The President announced the following appointments of Bureaus :

Bureau of Clinical Medicine, L. E. Ober, La Crosse, Wis., Chairman ; H. B. Clarke, New Bedford, Massachusetts ; William Eggert, Indianapolis ; E. C. Beckwith, Zanesville, Ohio ; George A. Hall, Chicago ; W. H. Holcombe, of New Orleans ; W. H. Watson, Utica, New York ; David Cowley, Pittsburg, Pennsylvania ; Bushrod W. James, Philadelphia.

Bureau of Obstetrics, J. C. Sanders, Cleveland, Chairman ; J. H. Woodbury, Boston, Massachusetts ; Safford Blake, Boston ; O. B. Gause, Philadelphia ; F. B. Mandeville, Newark, New Jersey ; R. Ludlam, Chicago.

AFTERNOON SESSION.

Dr. Marix, of Colorado, introduced a resolution to establish a Committee on Climatology, which was adopted.

GYNÆCOLOGICAL SURGERY.

The report and papers of the Sub-Bureau of Gynæcological

Surgery were then presented by Dr. S. R. Beckwith, of Cincinnati, Ohio. The papers were as follows: Chronic Cervical Endometritis, by Dr. S. R. Beckwith, of Cincinnati. Ovarian Cyst, by Dr. C. Ormes, of Jamestown. N. Y. Electrolysis in Ovarian Tumors, by Willis Danforth, M.D., Chicago.

Prof. E. C. Franklin, of St. Louis, related a case of cure of an ovarian tumor the size of a cocoanut, by means of electrolysis. The tumor entirely disappeared after three applications of the battery and needles.

Dr. J. G. Gilchrist related a case of ovarian tumor cured by him by medicine alone, given in a very high dilution.

Dr. R. R. Gregg thought that he had noticed the occurrence of throat diseases following local treatment of uterine diseases. He believed in a careful collation of all the symptoms, and the selection of a remedy in homœopathic accord with them.

The subjects presented by these papers were further discussed by other members.

The President announced the following members as constituting the Bureau of Gynæcology for the ensuing year:

S. R. Beckwith, Cincinnati, Ohio, Chairman; S. Lilienthal, New York; R. B. Rush, Salem, O.; C. Ormes, Jamestown, N. Y.; W. Danforth, Chicago; M. Friese, Harrisburg, Pa.; W. H. Hunt, Covington, Ky.

The Board of Censors made a supplementary report by which the following physicians were admitted to membership:

H. H. Bartlett, Geneva, Ohio.	C. A. Norton Portsmouth, N. H.
C. W. Prindle, Grand Rapids, Mich.	F. R. Schmucker, Reading, Pa.
Julia A. Danning, Corry, Penn.	L. J. Hunt, Covington, Ky.
G. H. Patchen, Burlington, Iowa.	B. F. Bailey, Lansing, Mich.
W. H. Jenney, Kansas City.	D. Hitchcock, Norwalk, Conn.
E. W. Fish, Cincinnati, Ohio.	G. D. Allen, Portland, Michigan.
G. J. Jones, Grafton, Ohio.	James Rust, Wellington, Ohio.
I. J. Whitfield, Grand Rapids, Mich.	J. B. Fraser, Conneautville, Pa.
W. S. Purdy, Corning, New York.	W. M. Detwiler, Findley, Ohio.

The President announced that he had received a telegram from Boston, announcing that the Massachusetts Medical Society had to-day expelled seven members for practicing Homœopathy. The announcement was received with shouts of derisive laughter and uproarious applause. Dr. I. T. Talbot, of Boston, one of the seven expelled, was loudly called for, and, mounting the rostrum, he explained the situation of affairs in Massachusetts, showing up the conduct of the allopaths in expelling men from a society which was organized for all medical men, under the laws of Massachusetts, for the protection of the public and physicians. His account of the trial elicited much laughter and applause. The great power

of the newspaper press of the United States was united unanimously in favor of the homœopaths and against the bigotry and intolerance of the allopaths. The allopaths have been held up to public scorn by the press, and the result of the persecution has been that through the almost universal sympathy of the public, one hundred thousand dollars was raised for the establishment of a homœopathic hospital, and the establishment of a homœopathic medical college in connection with the Boston University, an institution established by the munificence of the late Isaac Rich, with a fund of ten million dollars.

The report and papers in charge of the Bureau of Surgery were then presented by Dr. J. H. McClelland, of Pittsburg, Pennsylvania. The subject selected by the Bureau was Diseases of the bones and their medical and surgical treatment.

Rachitis. By N. Schneider, of Cleveland.

Bone Tumors, Benign and Malignant. By E. C. Franklin, of St. Louis.

Suppuration and Abscess of Bone. By M. W. Wallens, of Somerville, New Jersey.

Therapeutics of Bone Diseases. By J. C. Morgan, of Philadelphia.

Necrosis. By L. H. Willard, of Pittsburg, Pennsylvania.

Caries. By C. P. Seip, of Pittsburg.

Reproduction and Repair of Bone. By J. H. McClelland, of Pittsburg.

Strangulated Umbilical Hernia, with removal of sixteen inches of large intestine. By H. F. Biggar, of Cleveland.

After discussion by several delegates the Institution adjourned until to-morrow morning at half-past nine, A. M.

BANQUET.

On Wednesday evening the banquet took place. The supper, of course, was an elegant affair: after the guests had partaken of the viands, a "feast of reason and flow of soul" followed, want of space forbids our publishing the responses, which throughout were eloquent and impressive, and eminently appropriate. The following is the programme of toasts and responses:

First toast—Samuel Hahnemann, the father of Homœopathy. Drunk in silence.

Dirge by the band.

Second toast—The Veterans of Homœopathy, past and present. Response by Professor A. E. Small.

Third toast—*Triumviri Americani*, Washington the father, Lincoln the martyr, and Grant the Warrior. Response by George Willey, Esq.

Music by the band.

Fourth toast—The State of Ohio, young in years, in rank the third of the American galaxy. Response by Judge R. F. Paine.

Fifth toast—Cleveland, the beautiful city, the pride of the State, may her hospitals, ere long, equal her other charities. Response by W. H. Price.

Sixth toast—To the old men full of years, to the young men full of strength. They bind the past to the future, and the present, like a keystone, holds them in happy conjunction. Response for the former by

Drs. McManus and Swazy, for the latter by Drs. Dudley, Baxter and McClelland.

Seventh toast—Our Medical Literature ; it serves us as our daily food ; it is both stimulant and condiment, things solid and fluid, pray that it may have no admixture of poison. Responses by Drs. Talbot, Ludlam and Lilienthal.

Eighth toast—Our Medical Colleges ; they hold a sacred trust ; as sentinels they guard our inlets ; let those who have them in charge remember they are responsible for the character of those who gain admission into the profession. Response by Drs. Beckwith and Gause.

Ninth toast– To medical men of all schools, we greet them on the broad platform of liberty and fraternity, while at the same time we insist upon maintaining our individual identity. Responses by Drs. Dake and Von Gottschalk.

Tenth toast—The Pulpit and the Press ; they furnish us, the former with spiritual, the latter with mental sustenance.

Eleventh toast- Modern Science ; her magic wand brings to our view facts and fancies more wonderous than the dreams of Aladdin. Response by Dr. T. P. Wilson.

FOURTH DAY—MORNING SESSION.

The Institute assembled at 9-30 o'clock, at the usual place, and was called to order by the President. The reports of the Bureau of Surgery were then resumed. A number of valuable and very interesting papers were read, relating to the diseases of bone. One paper in particular, was read by Dr. L. H. Willard, of Pittsburg, Pennsylvania, in which was related a case where a portion of one of the bones of the leg having been removed in consequence of disease, and, so far as could be ascertained, the periosteum, or investing membrane of the bone ; also, the bone was reproduced in such a way that the limb was as strong and useful as before and in no way deformed. The statement of this case gave rise to an animated discussion, in which the surgeons present gave views of this subject of reproduction of bone. It was generally agreed that there were sufficiently well ascertained facts for believing that the periosteum is not the "mother of bone," as generally believed, but that bone could be formed independently of it, by the effusion of organizable plasma and nucleated bone cells, by which true bone was formed by graded steps.

Dr. H. F. Biggar, of Cleveland, related a case of strangulated umbilical hernia, removing 16 inches of the large intestine, and exhibited the patient to the Institute, together with the intestine removed. The woman seemed to be well and hearty.

The Bureau of Surgery being closed and its papers referred to the Committee of Publication, the President made the following appointments for that bureauf or the ensuing year : E. C. Franklin, St. Louis, chairman ; N. Schneider, Cleveland ; L. Pratt, Wheaton, Illinois ; W. T. Helmuth, New York ;

L. H. Willard, Pittsburg, Pa.; H. F. Biggar, Cleveland, O.; S. H. McClelland, Pittsburg; G. M. Pease, Boston; S. R. Beckwith, Cincinnati; M. MacFarlan, Philadelphia; J. G. Gilchrist, Tidioute, Pa.; M. W. Wallens, Somerville, N. J.

The Bureau of Diseases of the Eye and Ear then presented its reports and papers through Professor T. P. Wilson, of Cincinnati. Professor Wilson read a very interesting paper on diseases of the eye, and exhibited a new apparatus for syringing the ear.

After the readings had closed, the President made the following appointments: *Bureau of Diseases of the Eye and Ear*, for the ensuing year: Malcolm McFarlan, Philadelphia, Chairman; T. P. Wilson, Cincinnati; H. C. Houghton, New York; C. H. Von Tagen, Cleveland, Ohio; W. L. Breyfogle, Louisville, Kentucky; W. H. Woodyatt, Chicago, Illinois.

A supplementary report of the Board of Censors was then made, by which the following persons were admitted to membership:

T. B. Benedict, Ionia, Michigan.
J. H. West, Genesee, New York.
P. D. Liscomb, Beaver Falls, Pa.
G. H. Greeley, Syracuse, N. Y.
Mary A. B. Woods, Erie, Pa.
E. M. Hurd, Rochester, N. Y.
W. H. Woodyatt, Chicago, Ill.
C. T. Canfield, Titusville, Penn.
Chester Smith, Portland, Mich.

Dr. I. T. Talbot offered the following resolution, which was adopted:

Resolved, That no cases or papers which have been previously published shall be presented to the Institute or published in its transactions.

AFTERNOON SESSION.

The Institute assembled at 3 o'clock, the President in the chair. The first business in order was the selection of a time and place for the next meeting. The Secretary read an invitation from the physicians of Minnesota, inviting the Institute to meet in St. Paul or Minneapolis. Niagara Falls was also proposed. On motion it was agreed to meet at Niagara Falls on the first Tuesday in June 1874.

The committee appointed to report a Committee on Climatology, made the following selections, which were confirmed by the Institute: M. M. Marix, Denver, Colorado; W. E. Payne, Bath, Maine; W. H. Holcombe, New Orleans; J. G. Gilchrist, Tidioute, Pa.; A. K. Wright, Buffalo, New York; T. C. Duncan, Chicago; W. H. Leonard, Minneapolis, Minn.; F. Hiller, San Francisco.

The Bureau of Anatomy, Physiology, and Hygiene, then presented its report and papers through Dr. J. D. Buck, of Cincinnati. Dr. Buck presented a very valuable paper on the Hygienic care of Infants. The subject of diet for infants elicited a very animated and interesting discussion, in which

it was clearly made out that what was food for one baby might be poison for another; that there is no universal diet for infants, and that food must be selected according to circumstances.

Dr. G. W. Swazey, of Springfield, Massachusetts, then presented the report and papers in charge of the Bureau of Psychological Medicine. The following papers were read: On the importance of Mental Symptoms in our provings and prescriptions, by Dr. C. Pearson, of Mount Pleasant, Iowa; Vital Dyanamics, by Dr. J. H. P. Frost, of Danville, Pa.; Non-restraint in the treatment of the insane.

Dr. T. L. Brown made a strong appeal in favor of the abolition of tobacco, tea, coffee, wines, liquors, and all other stimulants.

The Institute than adjourned to meet at 8 o'clock in the evening.

EVENING SESSION.

The Institute reassembled at 8 o clock, the President in the chair.

Dr. S. Lilienthal presented the report of the Bureau of Homœopathic Literature. The report showed a very flourishing condition of the literature of the homœopathic school, especially the periodical literature. Three new journals had been added to those already existing, during the year; and many new and valuable works had been issued by various publishing houses, the three principal of which were by western authors.

The President appointed as *Bureau of Homœopathic Literature* for the ensuing year: Dr. S. Lilienthal, of New York; S. A. Jones, Englewood, New Jersey, and Geo. E. Shipman, of Chicago.

[*The remainder of report of this meeting of American Institute we are obliged to defer until the next number.*]

UNIVERSITY OF MICHIGAN,—REFUSAL OF THE BOARD OF REGENTS TO APPOINT THE HOMŒO. PROFESSORS.*

The board of Regents assembled June 23d, 1873. Present, Regents Walker, Willard, Gilbert, Esterbrook, Grant and Rynd.

Dr. Pomeroy appeard in behalf of the committee appointed by the homœopathic Convention. After a few introductory remarks in relation to the nature of the convention, he proceeded with the report, which consisted of a recommendation to the Board of Regents of the following gentlemen from whom the convention desired selections to be made to

* Report of *Detroit Daily Post*.

fill the chairs of Homœopathy: Prof. N. F. Cooke, M. D., Chicago, and J. C. Morgan, Philadelphia. These two gentlemen having signified their willingness to accept the positions if appointed, the former to the chair of Theory and Practice, the latter to the chair of Materia Medica. They also recommended Prof. A. R. Morgan, M. D., of New York, and H. B. Fellows, of Chicago.

At adjourned meeting June 24th, business opened with the reading of the resolution for special order. The resolution was as follows:

Resolved, That the Board of Regents proceed to the election of two professors of homœopathy in accordance with the law passed by the Legislature last winter.

Regent Gilbert presented the following:

Whereas, The Legislature of the State of Michigan at its last session re-enacted the law of 1855, requiring the appointment of homœopathic professors in the Medical Department of the University; and,

Whereas, It has always been claimed by the Board of Regents that the law was an infringement upon the rights and prerogatives of the board; and,

Whereas, The Supreme Court of the State has refused to grant a mandamus requiring the Regents to comply with the law, thereby confirming this action; therefore:

Resolved, That we maintain the position heretofore taken and decline to make the appointments required by the law.

Resolved, Further, That we do this in no spite of factious opposition to the apparent will of the Legislature, but because we believe the true and best interests of the University demand it.

Resolved, That we reaffirm the former action of this board, expressing a willingness to take official charge of an independent school of homœopathy, and connect it with the University whenever the means shall be provided for the payment of its professors.

Dr. E. P. Christian, of Wyandotte, spoke in behalf of the Medical Association of the State, (allopathic) affirming that the Medical Department was best as it was.

Regent Gilbert said that he thought it was perfectly unnecessary to go into any argument on the resolution, as the opinion of the board was already generally known through the press. He called for a vote on the resolutions.

Regent Willard dissented from the resolutions, but said that in making the previous resolution he did it in no spirit of subserviency to the action of the Legislature, for he felt that that body had transcended its legitimate bounds. But he thought the board should take no defiant opposition to that body. He said that he was persuaded it was the growing spirit of the people of Michigan that the University should be opened to the homœopathists. He said that he knew enough of the spirit of the University and the Board of Regents to think that the present action of the board was owing to a prudent regard of the consequences to the Medical Department. If the action of the Legislature expressed the deep-seated feelings of the people the contemplated action of the board would simply call up more violent opposition in the Legislature. He felt that such questions as the present should be settled without an appeal to

the Supreme Court, for those four honorable men have trials enough to throw their official heads in jeopardy. He had hoped that the members of the Medical Faculty, in conjunction with the Board of Regents, would be able to devise some feasible plan by which the will of the Legislature and people could be carried into effect. He thought the prejudice of the regular medical fraternity, so called, inconsistent with the spirit of our country and our age, and he hoped that the University of Michigan might take the foremost step in this direction. In regard to homœopathy, he could never see why the school of allopathy or the eclectic school should be represented in the Medical Department, to the exclusion of homœopathy. They based themselves on the true principles of medicine, and that was all they desire taught. If there were principles in opposition to each other, as those of protection and free trade, both ought to be taught, and no injury could result therefrom. He knew that the spirit of every member of the board was animated by the purest and most exalted motives, and he felt it his duty to deprecate any unjust criticism of his colleagues.

Regent Grant thought his opinion on the resolutions was well enough now. He said that with him classes and schools were nothing, but he did care for an institution where truth could be taught. He felt that broad men should be obtained in every department who will seek truth wherever it may be found. And if the University had men who could not do this they should be excluded from their position. That was the ground he took two years ago and he should always stand upon it. He didn't wish to make this a battle-ground for the contentions of all or any kind of "pathies." He strongly asserted that he would not exclude a man because he was a Roman Catholic, or a homœopathist. What he wanted was broad and liberal culture, and men that would seek truth wherever it could be found. He thought the board should do what they considered their duty to-day, and if troubles came in the future we must meet them the best way we can. He favored the establishment of a homœopathic school aside from the University, but he did not wish to jeopardize the the existence of the Medical Department.

Regent Rynd then expressed his opinion, taking for his text a passage from the report of Regent Willard, in which it is affirmed that the Regents should declare what kind of instruction is to be given in every department. He firmly believed that the duty of controlling the affairs of the University devolved entirely upon the Regents, and he thought the position taken by the contemplated resolution was perfectly constitutional and right. He hoped the question of the rights of the board and legislation should be decided by the Supreme Court, and thought that event would be a fortunate one for the University. He affirmed that he should not take any action at the dictation of the Legislature, for he felt under obligation to no one but the people he represented. He strenuously asserted that he should fight it out on this sentiment if it took all summer, or two summers.

Regent Willard responded.

Regent Gilbert's resolution was adopted by the vote of all but Regent Willard.

Miscellanea.

A CASE OF PUERPERAL CONVULSIONS.

BY E. CARLETON, JR., M. D., NEW YORK.

About 5 A. M., January 15, 1873, a gentleman called me up to get some medicine for his wife, who had just been having "a fit." As he described the case—flushed face and spasmodic action of the facial muscles, lasting two or three minutes,—I was reminded of *Belladonna*, and sent it with a request to be called if there should be another attack, and promising to see the lady when making my daily round of visits. The promise was made to reassure the lady who was timid at thought of the near approach of her confinement, (*primipara*,) she being of an apprehensive nature. At 8 A. M., I was summoned in haste. I found the patient unconscious, face swollen, and of a bluish-red color, eyes fixed, pupils medium-sized, and insensible to light, respiration slight and irregular, foam at the mouth, pulse quick and thread-like, convulsions general. As the attack had come on suddenly with a sort of scream, I gave *Ignatia*. Upon inquiry I found that a few, light labor pains had been felt during the night, and upon examination found the os open enough to admit the finger, and rigid.

One attack followed another in quick succession, or rather the attack was briefly remittent, the patient being wholly unconscious all the time. I told the husband that it seemed necessary to dilate forcibly and deliver with instruments, but before resorting to such an extreme measure I would take counsel. Therefore, Dr. S. P. Burdick was called, at my request, who agreed fully with me, and we made preparations to carry out the plan as soon as possible.

In the mean time I had given *Gelseminum*, thinking the rigid os might indicate it, and *Stramonium*, on account of the fear that the patient had experienced. The remedies are named in the order of their succession. No benefit was apparent from any of them. While our *armamentarium* was being collected, I secured the concurrence and assistance of Doctors Tiffany and Schuman. Some tincture of *Aconite* was next applied to the os to produce temporary paralysis. Following this was *Belladonna ung't*, and the os yielded with reasonable celerity. The woman was now placed under complete anæsthesia. The forceps glided readily into the womb and grasped the head of the child. Then came "the tug of war." Dr. Burdick and myself relieved each other at the handles, and eventually were rewarded with the delivery of a living child. The placenta gave no trouble. There was no unusual hæmorrhage.

The child, a male, had convulsions at intervals, resembling those the mother had, for three days, and then died. The mother had no more convulsions, though imminently threatened. For some time the eyes had a staring, glistening appearance, and the countenance was stupid, turgid. She was kept under the influence of *Hyoscyamus* for five days, and her improvement was so rapid and constant as to astonish all who saw her. Then appeared a slight gastric derangement, calling for *Nux vomica*. After that there was no incident of special interest. The patient was discharged, cured, January 27th, twelve days after the first call.

ALLOPATHY MOVING.—At the meeting of the State Medical Society of Michigan (allopathic,) held at Saginaw, June 12th the draft of a proposed bill which was presented by the Committee on Legislation yesterday was considered at some length. The bill in effective provides for the appointment of a medical council of 20 for the State, 10 of whom shall be from the regular, 6 from the homœopathic, and 4 from the eclectic schools of medicine; this council to decide upon the qualifications of practitioners, those who cannot pass the requisite examination being unable to enforce the collection of their fees. Dr. George Bartholomew made a minority report, basing his opposition to the bill mainly on the grounds of the affiliation of the different schools of medicine which it implied. Dr. Brodie moved that the matter be referred to a new committee to be reported upon at the next meeting. He argued that the Legislature would enact no such statute, and that it would be impracticable and inoperative.

Dr. R. Inglis, of Detroit, moved to amend the motion by requiring the publication of the bill and a request to the committee to correspond with local medical societies for their opinion.

Dr. H. F. Lyster, of Detroit, spoke in favor of the proposed bill. He thought it a long step in the right direction, and would have a tendency to do away with all factions and "pathies" in the profession. A similar plan has been tried in Ontario and with good results.

Dr. Foster Pratt, of Kalamazoo, gave some results of his observation and experience in New Jersey. There were State and district boards of medical examinations, and applicants were at liberty to practice any system they pleased, but they must pass a thorough medical examination, and the people had a guarantee that they had knowledge. The system worked no evil but much good. In Michigan, on the contrary, we are, apparently at least, at war, and whoever the Legislature may honor with a professional trust, they have no assurance that he is professionally qualified. By resolving the medical profession of the State in "a college of physicians and surgeons," as this bill proposes, with a competent board of examiners, these and other evils of quackery would be greatly remedied. The motion, as amended, was adopted.

Dr. Brodie from the committee to which had been referred the report of the Committee on Ethics, reported in favor of the appointment of the proposed committee, to confer with the Board of Regents as to the relations of the Medical Department of the University and the profession in the State. The report was adopted.

CASH OR CREDIT.—The London *Lancet* has some suggestions to offer upon the question of cash and credit in the medical profession, with the view to improve upon the universal custom among general practitioners of sending in bills annually, as this practice compels them to buy on credit

nearly everything they desire, and gets them entangled in running accounts with patients who are purveyors of necessaries. The *Lancet* urges that the profession should take advantage of the growing public opinion in favor of cash transactions, and abolish the annual system entirely. It also recommends that every medical man who is not wealthy should make a deduction in his charges to those who would pay him promptly. The first proposition would undoubtedly be very popular among the profession; the second would be very popular among the people.

COLLEGIATE EDUCATION.—Mr. Greeley was never an ardent friend of colleges and universities. He believed in what he called "practical education." Andrew D. White calls to mind an interview between Mr. Greeley and Prof. Fisher, of Yale College, at which he was present, in which Mr. Greeley advanced his peculiar ideas, and spoke of Mr. Lincoln as a man for whom neither colleges nor universities had done anything, remarking, "He is the best educated man I ever knew; he can see a point and make 5,000 other men see it."

HAIR TURNING WHITE.—It is said that the shot with which Laura Fair killed Crittenden, almost as suddenly turned white the hair of a daughter of the deceased. The yound lady, who is now but twenty years old, is described as beautiful and intelligent, but overcast with a cloud of melancholy that will embitter all her future life. Being asked recently by an intrepid interviewer, how came her hair so white and she so young, she answered, "Sorrow," in a voice trembling with emotion, and immediately rose and left the room.

A YEAR'S VITAL STATISTICS IN LONDON.—London, with a population of 3,500,000, still grows rapidly. The number of births last year was 112,535, against 80,332 deaths. The estimated increase of population between the middle of 1871 and of 1872 is 48,719; so that the natural increase was supplemented by about 16,000, representing the excess of immigration over emigration. The birth-rate in London in 1871 was equal to 34.5 per 1,000 persons, being 0.5 below the rate for all England. The birth-rate (says the *Times*) varies remarkably in different sections of the population, depending much upon ages, proportions of the sexes, conjugal conditions, and social position. The death-rate in London in 1871 was 24.7 per 1,000, being 2.1 above the rate for all England; exclusive of the deaths from small-pox, the London death-rate would have been only 22.3. As it was, the rate of mortality was higher than in any year since 1866, when cholera was epidemic. The male death-rate of London in 1871 was 26.6, while among female it was only 22.8; at the recent census there were 113.7 females living in London to each 100 males. In 1871 there were 2,594 deaths from violent causes in London, 1,138 of them from negligence or accident, including 909 from fractures and contusion, among which are 208 deaths caused by horses or vehicles in the streets. Among the deaths by negligence or accident are 490 from suffocation, nearly all cases of infants; there were 109 cases of murder or manslaughter, nearly all of them cases of infanticide.

ACTION AND REST OF THE BRAIN.—"*Transfusion of Blood*" *in Popular Science Monthly for April.*—The brain, the organ of the highest manifestations of life, performs its action like the spinal cord, and an elaborate net-work of blood vessels distributes the nutritive fluid throughout all its parts. Yet, the mass of the brain does not keep its functional activity constantly at work The whole organism rests after the day's labor; the brain, when not waking, preserves only its life of nutrition; therefore, the religions of ancient Greece, not without reason, regarded Sleep as the brother of Death. The quantity of blood transfused into that

organ during these two conditions, so different, of sleep and wakefulness, is not the same. Dr. Pierquin had the opportunity of making observations upon a woman in whom disease had destroyed a large part of the bones of the skull, and deprived the brain of its membranous covering; the nerve-mass, quite exposed, shone with that brilliant luster observed in all living tissue. While at rest in sleep, the substance of the brain was pink, almost pale; it was depressed, not protruding beyond its bony case. At once, when all the organs were quiet, the patient uttered a few words in a low voice; she was dreaming, and in a few seconds the appearance of the brain completely changed; the nerve-mass was lifted, and prominent externally; the blood vessels, grown turgid, were doubled in size; the whitish tinge no longer prevails; the eye sees an intensely red surface. The tide of blood increases or lessens in its flow, according to the vividness of the dream. When the whole organism returns to quiet, the lively colors of the infused blood fade away by degrees, and the former paleness of the organ is observed again. The succession of these phenomena permitted the conclusion that increased action of the cerebral cells attracts a considerable quantity of blood to them.

ABSORPTION OF LIGHT BY PHOTOFILM.—Prof. J. W. Draper says: The silver compounds of collodion absorb the radiations falling on them, which are capable of producing a photographic effect. Yet sensitive as it is, collodion is very far from having its maximum sensitiveness, as is shown by the following experiment, which is of no small interest to photographers: I took five dry collodion plates, prepared by what is known as the tannin process; having made a pile of them, I caused the rays of a gas flame to pass through them all at the same time. On developing, it was found that the first plate was strongly impressed, and the second, which had been behind it, apparently quite as much. Even the fifth was considerably stained. From this it follows that the collodion film, as ordinarily used, absorbs only a fractional part of the rays that can affect it. Could it be made to absorb the whole, its sensitiveness would be correspondingly increased.

OLD ILLUSTRATED PAPERS FOR THE HOSPITALS.—From "Home and Society" in "*Scribner's Monthly*."—Not long since a gentleman visiting a charity hospital, remembering that he had some illustrated papers in his pocket, gave them to an old man there who could not read. He would have forgotten the circumstance if he had not been reminded of it by one of the physicians of the institution whom he met afterwards. "He has not yet finished studying those pictures," continued the doctor after mentioning the incident. "Do you remember the dull, vacant countenance of the man? You would be surprised now at its sprightliness, and when I spoke to him of the change he said: 'O, Doctor! you can't know what a joy these papers have been to me! I have lain on this bed week after week. I have counted again and again all the squares in this counterpane; I can shut my eyes and put my finger on any particular figure in it. I know every speck on the walls of my room. I can tell just how many bricks in the wall of the opposite building can be counted through my window, and I have been *so* tired until I got these papers.'"

Is not such a result worth the expenditure of a little trouble, a postage-stamp, and a newspaper wrapper? Generous-hearted people often complain that they can give nothing, because they have no money to bestow; and yet there are so many tender charities that require very little money, and sometimes none at all.

If travelers would mail books and journals to some charitable institution instead of leaving them scattered about in the cars and hotels, the benefit

conferred would be out of all proportion to the small amount of trouble requisite. Stay-at-home readers can take their discarded books to some poor unfortunate they may chance to know, or send them to those who are interested in public charities, that they may dispose of them. And even many invalids (who are generally great readers) will, doubtless, be glad to learn that although apparently able to do so little for themselves or any one else, they have this opportunity afforded them of so greatly helping other invalids, more unfortunate than themselves, to an enjoyment for which they are too poor to pay.

TYPHOID FEVER.—An instance is given in *The American Artisan* in which typhoid fever attacked one-half the families in a village that used milk from a certain dairy. On making an investigation, it was found that the cows drank water from an old underground tank of wood which was decayed, and water from which doubtless found its way into the milk-cans in other ways than through the udder of the cows.

PERSONAL.

VERDI.—The Washington "*Weekly National Intelligencer*" says :—Dr. Tullio S. Verdi, of the Board of Health of the District of Columbia, has been selected by the Governor to visit Europe for the purpose of examining into the sanitary regulations abroad. The Secretary of State, by order of the President, has furnished Dr. Verdi a circular letter to the Ministers and Consuls of the United States in Europe to aid him in anything likely to promote the successful accomplishment of his mission. Sanitary science in Europe, as is well known, is reduced to a perfect system. The subject has long employed the finest scientific minds, and legislation thus advised has been intelligently directed to the accomplishment of its objects. In Europe nuisances which we are taxed to remove are made to furnish a considerable source of municipal income. In London and Paris, the privilege of removing ashes, garbage, night soil, etc., is paid for by wealthy companies, who annually contribute a large sum toward the expenses of the Government. Here each house holder is taxed for the removal of every kind of nuisance, and the sums thus paid would, collectively, amount to hundreds of thousands of dollars per year. It is calculated that the scavengers collect from individuals for the removal of night soil $60,000, and the District Government pays $20,000 additional for that service. Dr. Verdi intends to thoroughly examine the laws, regulations, and systems for the preservation of health in the principal cities of England, France, Germany, and Italy. He will visit the hospitals, examine the sewerage systems, and study the most effective and economical methods for the removal of all nuisances injurious to health. The city is to be congratulated that this important mission has been intrusted to a physician whose scientific attainments, knowledge of languages, and familarity with the subject make him so exceptionally fitted for it. With his report for its guidance, it will be the fault of our Legislature if the sanitary regulations of Washington are not more perfect than those of any other American city.

UNIVERSITY OF MICHIGAN—The following nominations were made by the Convention held at Ann Arbor. For the chair of Practice, Dr. N. F. Cooke, Chicago; A. R. Morgan, N. Y, *H. P. Gatchell*, Kenosha, Wis. For the chair of Materia Medica, Drs. *W. E. Payne*, Bath; H. B. Fellows, Chicago; T. Bacmeister, Toulon, Ills.

Book Notices etc.

The Characteristics of the New Remedies. By Edwin M. Hale, M. D., formerly Professor of Materia Medica, etc., etc. Third Edition, remodelled and re-written; Detroit, Michigan: Published at Lodge's Homœopathic Pharmacy, No. 57 and 59 Wayne Street.

Prof. H. N. Martin, in last number of American Journal of Homœopathic Materia Medica, says of this work:—The author and publisher of this work, have each won for himself an enviable fame; the one for the completeness of his researches into the exhaustless wealth of treasures contained in the plants indigenous to America, and the other for placing before the profession these treasures in a style of binding and typography which leaves but little if any cause of complaint.

Selfishness is eminently characteristic of the hog, and if the desire of every member of the profession to possess himself of this work is any evidence of swinish propensities, then surely will pearls have been "cast before swine." But fortunately they are an appreciative swine, and belonging to the genus "Educated Hog." A friend at my elbow says that is literally true.

Over *eighty* medicines have been added to the previous editions, and all of them have been carefully pruned of useless material, so that in this volume we have only what is supposed to be characteristic.

We have recently supplied ourself with a full case of new remedies, and some of the new have come to be recognized now, almost as old friends.

Helonias has done marvellously well for us in acute Albuminuria; Dioscorea, in erratic Neuralgia; Senecio and Lilium in some forms of uterine diseases, and we begin to think we could not well get along without the "new medicines."

The work can be had at any of the Pharmacies, and we would suggest to our readers to buy interleaved copies for clinical notes.

If the aggregate of all such clinical experience could be given to Dr. Hale at the end of three years, to aid him in getting out a new edition. what a truely valuable book he might give to the profession.

A Manual of Homœopathic Veterinary practice, designed for horses, all kinds of domestic animals and fowls; prescribing their proper treatment when injured or diseased, and their particular care and general management in health. Publishers, Boericke & Tafel, New York. $5.00. For sale at Publishers price at American Observer office.

"The design of the present work is two-fold,—including as it does, the whole care of domestic animals in health and in sickness. The first part, therefore, relates to the choice, feeding, training and breeding of the animals and fowls useful to man; while the second part describes the various forms of disease and different casualities to which these animals are liable, designates the principal remedies and their chief indications, and suggests the proper dietetic and accessory treatment. But to these two general divisions is added a third, the Materia Medica, apparently secondary to the latter, but in reality no less important."

The Materia Medica embraces one hundred medicines, in which the characteristic effects of the different remedies and their particular action on the various parts of the body are minutely set down, with especial reference to domestic animals; and in which are included several important "New Remedies," now for the first time introduced to Veterinary practice. A *Glossary* of the principal medical terms here employed. Also in addition to a table of contents of the several chapters a copious *Index* by means of which every subject treated in the body of the work can be readily referred to.

The Science of Health. Samuel R. Wells, Publisher, 389 Broadway, New York. Monthly, $2.00 per year.

The number for May opens with "Health against Fashion," illustrated. "The Diet and Regimen of a Nursing Mother" is important; "Seasonable Dishes" tells how to prepare and cook early vegetables, and how to make Graham biscuits or "Gems," with illustrations; "Teeth among Different Nations;" "Disease and its Treatment;" "Popular Physiology;" "Flatulence and Heart-burn;" "Health of Mechanics;" "Diet and Character;" "Mineral Food for Man;" American *versus* Chinese Medicine." These, with the information contained in answers to correspondents, and other valuable notes, make up a good number of this excellent Magazine.

The Homœopathic Medical Directory of Great Britain and Ireland, and Annual abstract of British and American homœopathic serial literature: to which has been added a list of Foreign physicians in homœopathic practice 1873. Henry Turner & Co., 77 Fleet Street, London, E. C. 41 Piccadilly, and 15 Market Street, Manchester, and for sale at office of American Observer. Price, $2.00, postage prepaid.

This Annual has been edited this year by E. B. Shuldham, M. D., of Maidstone, Eng., who has done his work quite creditabiy.

It contains lists of homœopathic practitioners, serial works, pamphlets, etc., and an abstract of scientific articles contained in the homœopathic periodicals for 1872; together with a number of valuable tables and notes.

Ophidians, Zoological arrangement of the different genera, including varieties known in North and South America, the East Indies, South Africa, and Australia. Their poisons, and all that is known of their nature. Their galls, as an antidote to the snake venom. Pathological, Toxicological, and Microscopical facts, together with interesting matter hitherto not published. By S. B. Higgins, S. A. Published by Boericke & Tafel, New York. For sale at Dr. Lodge's Pharmacy, Detroit Mich.

This very interesting little book contains 239 pages, 12 mo. neatly bound in cloth.

"The Author does not claim to have been the first person to use galls of a venomous serpent to cure bites of the same, for it is known that the Curers of greatest fame in Venezuela have used a mixture of galls with other antidotes for many years: and it is believed that the use of this

mixture was practiced by the Indians, and by them communicated to the former, possibly so long as a century ago."

"He does claim, however, to have been the first person to use the gall alone, unmixed with any other substance, to cure the bite of a serpent of the same kind from which the gall was taken; and also to have been the first person to initiate and carry out a long series of experiments with snake-poisons, the results of which have developed to him a new law in therapeutics, which may be expressed in the following terms: "*Every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted.*"

MARITAL.

WISE–REED.—At the residence of the bride's father, May 9th, 1873, W. H. Wise, M. D., to Miss S. E. Reed, all of Dunkirk, Hardin Co., Ohio.

NECROLOGICAL.

DAVIES.—John Davies, M. D., a much esteemed homœopathic physician, died at Chicago, Ills., of Bright's disease, on March 28.

WAY.—Dr. Amos F. Way, a skilful Homœopathic Veterinary Surgeon, died at Clinton, Iowa, June 10, 1873.

BITELY.—At his residence, in Paw Paw, Michigan, of Typhoid fever, on Monday morning, March 31st 1873, Eugene Bitely, M. D., in the 49th year of his age.

Deceased was born in the town of Moreau, Saratoga County, N. Y., in April, 1824. He commenced the practice of medicine, guided by the law of Similia, in the village of Paw Paw, Michigan, in 1857; after which he attended two courses of lectures in the Cleveland Homœopathic College; graduating from that institution in the spring of 1853 he returned home to his practice, and continued in the same place until his death with the exception of a few months in Rock Island during the year 1856, and the three winters following the spring of graduation, at which time he occupied the chair of Demonstrator of Anatomy in the same College of which he was a graduate, with credit to himself and honor to the profession. The Doctor was a hard student, and a close thinker, and was so charitable, as to often relieve the wants of his patients in a financial way; in him the poor have lost a firm friend—in fact the people of his vicinity have lost one whose place cannot soon be filled. He had so lived as to have won encomiums from all with whom he associated. H. M. B.

REMOVALS.

GERRIE.—Dr. James Gerrie, from Johnstown, N. Y., to Quincy, Ill.
MAINE.—Dr. J. Maine, from Goshen, Indiana, to Kenton, Hardin Co., O.
SMITH.—Dr. W. W. Smith, from Coshocton, Ohio, to Leechburg, Penn.
STROUD.—Dr. C. E. Stroud, from Wyandotte, Mich., to Sandusky, Ohio.

LOCATIONS.

Coshocton Ohio.—reference, J. H. Carman, Esq., Coshocton, Ohio or Dr. W. W. Smith, Leechburg, Penn.
Frenchtown, N. J.
Saranac, Mich.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

A CASE OF BRONCHITIS CROUPOSA ACUTA.

BY DR. FRANZ KRETSCHY.

Bronchitis crouposa acuta is an independent exudative morbid process; probably caused by an outside, specific agent. The exudative character of this process has been doubted (Buhl, Wagner,) and we are glad therefore, that the case in hand proved it to a certainty. In the whole medical literature there are only ten cases of bronchitis crouposa acuta recorded, and ours is now the eleventh. Why the acute croupous process localizes itself so rarely on the mucous membrane of the central respiratory organs, and on the contrary so frequently, even epidemically in the primæ viæ respiratoriœ, is hardly less obscure than the fact, that it appears in the latter on the gingiva, on the tonsils, on the areades, in the larynx, etc. In our case the croupous process remained localized at the same spot.

F. L——, 23 years old, was suddenly attacked in the afternoon of April 7th 1872, with a *severe chill*, chattering of teeth, general lassitude, so that he had to take a carriage to reach home. The chill lasted for one hour and a half, followed by heat and a severe *laborious cough*, with painful dyspnœa during the whole night, thirst, headache, sleeplessness. At 6 A. M., suddenly a sensation of suffocation, profuse sweat, *expectoration of a reddish colored lump*, having the appearance of a piece of flesh, Immediately afterwards the breathing became more free, the cough light and dry, moderate heat, but great lassitude, headache, so that he had to keep the bed. During the day irritation to cough.

April 9th, 9 A. M. Enters the hospital. Patient is of a

strong build, pale color, tongue pale, moist, as also on fauces; no catarrhal affection nor hoarseness. Thorax well arched, in the right axillary region a painless doughy tumor of the size of an apple and covered with sound skin, which gradually formed itself for the last six weeks; trifling catarrhal expectoration. Both sides of the thorax respire alike and quietly; sometimes tussiculation. On the right side posteriorly scanty dry rattling; nowhere abnormal dulness, nowhere consonance. He only complains about lassitude. At 10½ A. M., suddenly a fit of suffocation, severe paroxysms of cough, cyanosis, sweat, (linen had to be changed,) till he again expectorated another reddish lump, forming in water a perfect cast of a bronchus; 1½ ctm. thick, 11 ctm. long. Immediately after the attack, right side posteriorly scanty rattling, over the whole other long indistinct breathing. Slept well during the night, towards morning increased cough, catarrh, slight expectoration.

April 10th, one P. M. Severe cough, dyspnœa to suffocation, ceasing after expectoration of a similar cast. During the day expectoration of numerous small bronchial coagula without dyspnœa.

M. 37.7, C. P. 88, R. 32.
E. 41.0, 128, 44.

Slept well during the night and feels refreshed in the morning, breathing free.

April 11th. Chill in the afternoon, 2½ to 3, heat from 3-4, for some minutes severe cough, severe dyspnœa followed by expectoration of a large bronchial cast with great relief. Breathing free, no cough, expectoration of small bronchial coagula during the whole day.

M. 37.4, P. 88, R. 32.
E. 40.4, 120, 36.

April 12. Good night and feels greatly refreshed in the morning. Towards evening great sensation of heat without a chill. Dyspnœa, cough, sputa cruenta with small bronchial coagula. Percussion on the right side posteriorly from the apex to the centre of the scapula somewhat dull, laryngeal inspiration and expiration.

April 13. M. 39.0, 100, 34. E. 40.5, 148, 60-72.

Night quiet. Since forenoon great dyspnœa with very little cough. Copious expectoration of small bronchial coagula. He complains of stitches on the left side, especially when coughing and deep breathing. No pain on pressure, respiration superficial, breathes only with the upper part of the thorax, respiration changing between 60-70. In the afternoon collapse, cheeks livid, restlessness, anguish in features, sweat hangs in pearls on forehead, bulbi protruding, restlessly moving about ; carotids visibly pulsating, as also the radial pulse, beat of the heart strongly visible, inspiratory drawing in of the 4th left intercostal space. He fights for air. Right posteriorly large vesicular moist rattling, covering the respiratory murmur, left posteriorly consonance with moderately dull sound ; copious expectoration of small bronchial coagula.

April 14. M. (7 A. M.,) 38.6. 112, 46. E. 40.2, 128, 52.

Dyspnœa during the whole night, no expectoration, very little cough. Ether has a quieting effect on him. At 7 A. M., severe coughing spells, cheeks and lips strongly cyanotic, face and neck bloated, jugular veins expiratorily considerably swollen, strong pulsation of the carotids ; great anguish, excessive restlessness, spasmodic expiration followed by short inspiration, painful pause, then again spasmodic expiration and thus several times, till with a forced cough the large bronchial coagulum is thrown off. Breathing then again regular, patient feels apparently well again after this exertion, for a short time, but the dyspnœa returns ; only the sensation of great oppression and of suffocation is passed. Examination during the suffocatory fit is impossible, after it on the right side posteriorly moderate dulness from the apex to the middle of the scapula and corresponding laryngeal expiration, rattling over the whole lung ; left apex rough inspiration and expiration, below hardly audible breathing, dulness, sputa cruenta ; small bronchial coagula. Between 1-2 P. M., expectoration of two large bronchial coagula ; dyspnœa the whole day. Left the 3d and 4th, right the 2d intercostal space drawn in during inspiration. In percussing the anterior wall of the thorax

muscular jactitation in pectoralis major. Dulness posteriorly low down on left side, laryngeal inspiration and expiration, rattling over whole lung.

April 15th. M. 39.4, 118, 48. E. 40.3, 120, 72.

Less dyspnœa during night, some sleep, little cough; towards morning dyspnœa increases and remains so the the whole night. Pulsus dicrotus, weaker during the inspiration, sometimes intermitting; percussion and auscultation the same. Rattling murmur increase, tracheal rattling.

April 16th. M. 39.8, 72. E. 40.2, 120, 64.

Dyspnœa, expectoratory motions and expectoration slight; collapus increases; rattling heard from a distance. Respiratory murmurs covered by large and small vesicular murmurs; hardly any expectoration.

April 17th. M. 40, 140, 60. E. 164, 78.

Great dyspnœa the whole night. No cough, no expectoration, tracheal rattling. Great restlessness, very quick superficial breathing with increasing collapse. In the evening crawling sensation in the right lower extremity, followed by anæsthesia and cyanosis up to the knee. At 6½ P. M., increase of cyanosis, of deep collapse, sudden loss of consciousness, tracheal breathing, respiration becomes slower and ceases at 7 P. M., the heart a few minutes later.

April 19th. *Autopsy.* The cranium thick, spongy, closely adhering to the dura. The soft membranes and the brain hyperæmic, moist, in the ventricles about two drachms clear serum.—Thyroid gland enlarged, colloid.—The right lung in its entire surface full of adhesions by thready pseudomembranes to the wall of the thorax, with some miliary greyish yellow nodules. Corresponding to the angulus of the third and fourth rib a flat-round sac protruding into the thorax and filled with thick pus. The mucous membrane of the trachea and bronchi strongly injected and reddened and full of mucus. In the right bronchus, reaching to the middle and lower lobe, a yellow branching lump, 2 inches long and 1½ lines in diameter. The left lung in the lower lobe and in the lower part of the upper lobe, the right lung in its posterior parts infiltrated with a bloody

gluey mass, nearly totally void of air, here and there œdematous. The bronchi in the lowest parts of the left lung infiltrated with thickly yellow fluid and with fibrinous masses, the pulmonary parenchyma infiltrated by yellow streaks, either following and surrounding the blood vessels, or dragging the connective tissue septa between the lobuli.—At the hilus of the right lung 2 cheesy swelled lymphatic glands.—In the pericardium 1½ drachms clear serum, heart moderately contracted, in its ventricles some fibrine and loosely coagulated dark blood.—Liver fatty, somewhat flabby, in the bladder yellow bile.—Spleen pale and soft.—Stomach and intestines extended by gasses.—Mucous membrane pale.—Both kidneys flabby.—*Wiener Med. Wchschft, 14, 1873.*

EDITORIAL REMARKS.

Oppolzer, (Pathologie I, p. 444,) considers bronchitis crouposa a very rare disease. *As a rule* it emanates from a common catarrhal bronchitis, sometimes from a tuberculous bronchitis. Its ætiology is perfectly unknown. Some consider the scrofulous and rachitic diatheses as predisposing causes; whereas others find healthy robust people more liable to it. In women menstrual troubles and gestation may predispose to bronchitis crouposa *(Biermer.)* According to the age, we find the bronchial croup more during youth and adolescence, and males are more liable to it than females.

Bronchial croup is mostly a circumscribed disease of single bronchi, extending itself only exceptionally over a whole lung. The diseased mucous membrane shows the same state, as we find it in laryngeal croup. The croupous masses are deposited on the bronchial mucous membrane, forming in the larger bronchi membranous tubes, in the smaller ones perfectly solid cylinders. Commonly the bronchial croup starts from bronchi of middle sized calibre, radiating upwards into the finest bronchioles, and downwards in the larger bronchial trunks. By examining microscopically the croupous masses, we come to the same result as in membranous croup; namely, the deposits consists partly of amorphous, partly fine-filamentous fibrine, of numerous cells, and some blood corpuscles.

True bronchial croup is a *chronic* disease, only *very rarely it runs its course acutely or subacutely* and may then ascend upwards into the trachea and larynx. In most cases, broncheal croup is a chronic disease, with exacerbations, without fever, and though ascending into the larger bronchi, hardly ever attacks the trachea and larynx. The symptoms of bronchitis crouposa are those of a common bronchitis catarrhalis with unusually severe paroxysms of dyspnœa. During such paroxysms the patient suffers from a continuous painful cough, expectorating from time to time with the usual catarrhal secreta, whitish, or from adhering blood red speckled conglomerated masses which thrown in water shew branching of coagula, perfect casts of the bronchial ramifications. With the expectoration of such masses dyspnœa and cough at once decrease. The cough in such cases does not sound croupy. In bronchial croup hæmoptœ is frequently observed, (Biermer found it in a third of his cases, either preceding or accompanying the expectoration of these coagula.)

The expectoration of croupous masses usually lasts only a short time—one or several days,—when with the exception of bronchial catarrh, the patient feels well. After some time (days, weeks, months,) the paroxysms repeat themselves ; in some cases keeping a kind of typical periodicity. Thus Oppolzer treated a women, where these paroxysms set in during the catamenia or where metatastic, when the menstrual discharge failed to appear. The same high authority considers the prognosis of bronchitis crouposa chronica not quite unfavorable, whereas the acute disease allows only a very guarded prognosis. Iodide of Potash is recommended in the chronic disease, and in the acute one the same remedy with inhalations of hot water.

Kafka, (Hom. Therapie, I, 94,) remarks: Only when the disease is recognized in time, and does not set in too stormy, or when the exudation is not too abundant and expectoration is yet in time, our prognosis may be favorable: in children and old people, bronchitis crouposa is mostly a fatal disease. *Phosphorus* gives us an albuminous gluey

pneumonic exudation, and as long as there are no symptoms of blood intoxication by carbon in consequence of the dyspnœa and the disturbed circulation it is well enough to rely on it, but if *after a few hours* no amendment takes place, we may be sure, that the exudation is of a croupous character, and Iodine 3 alone is able to help us in such cases, *for Iodine stands in the same relation to croupous exudation as Phosphorus to albuminous exudation. Bromine 2 and Sulphur 6*, are also reliable remedies in the treatment of bronchitis crouposa.

Henderson, (Brit. J. of H. VIII, 364,) has published three cases of suffocative infantile bronchitis, two of which recovered, for the first case he used Acon., Ipec. and Spong., with occasionally, Bell. and Cham. In the second case Acon. Spong. Hep. In the fatal case Acon. Cham. Bell. Phosph. Spongia. (It seems that all these cases were secondary from extension of laryngeal or tracheal croup.)

Black, (Br. J. of H., XIV, 48,) mentions suffocative bronchitis of children, as a complication of whooping cough, but such cases have more the character of capillary bronchitis, and hardly ever are of a croupous character. S. L.

POISONING WITH NITRO-GLYCERINE.—Dr. Holst (*Prag. Vierteljahrschrift*, 1873, i.) *Monthly Homœopathic Review*, relates the following case.—A railway laborer swallowed a few mouthfuls from a flask containing nitro-glycerine, and felt shortly afterwards considerable pain at the back of the neck. After a lapse of an hour and a half he presented himself to Dr. H., complaining of a sensation of oppression at the chest and vertigo; the pulse and respiration were a little quicker than normal, but not more than might be ascribed to his state of mental anxiety. On the administration of an emetic he vomited half a pint of a liquid having the taste and smell of nitro-glycerine. At the end of five hours diarrhœa and vomiting set in, and lasted without interruption for an hour and a quarter. The vomited matters still smelt strongly of the poison. The motions, at first greenish and then frothy, had a similar smell. The patient experienced relief of the symptoms after each evacuation, but the headache returned each time he vomited. No pain in the stomach was present. There were occasional rigors, followed by sweating. During the

next fifteen minutes the patient lay quiet as if sleeping, breathing very superficial, with occasional deeper inspirations. Cyanosis of the lips then set in, with involuntary diarrhœa, and the patient died, without either cough or râles, 6½ hours after taking the poison. Five hours after death the cadaveric rigidity was very marked. Post-mortem appearances were:—Great congestion in the cerebrum and in the back of the lungs; reddish-brown coloration of the tracheal mucous membrane. In the stomach were found 120 grammes of a reddish-brown liquid. The mucous membrane of the cardiac end was reddish-brown, and presented several ecchymotic patches. This differs from the few recorded cases of poisoning by this drug, in the absence of the headache and subsequence unconsciousness. The diarrhœa and vomiting may have been simply the result of the emetic.

REMENSTRUATION BY THE BREASTS AT ADVANCED AGE.—Dr. Tueffard relates the case of a lady, aged fifty-six, in whom menstruation had ceased at the age of fifty, without any disturbance of the health ensuing. Four years since she had a superficial ulceration of the os uteri, which soon yielded to treatment. In November, 1871, the breasts became large and firm, with projecting nipples, whence a fluid—at first serous, and then of a bloody color—was discharged. This discharge continued for about eight days, when it gradually ceased, to reappear again in a month, accompanied with cephalalgia, loss of appetite, and swelling of the breasts. Down to the present time it has continued to reappear every month with almost an exact regularity, the patient being aware of its approach almost as surely as a young woman is that of her menses. During the intervals the breasts become again flaccid. There is no uterine disease, and in other respects her health is quite good.—*Union Medicale.*

FUNCTIONS OF VARIOUS PARTS OF THE BRAIN.—H. Nothnagel (*Centralblatt*, No. 45, 1872) gives a method by which these may be studied. It consists of injecting a concentrated solution of Chromic acid through a small hole in the skull, by means of a subcutaneous syringe. The part injected becomes green and hard, and surrounded by partial encephalitis. The function of the part is completely destroyed, while the lesion is exactly circumscribed. Nothnagel has made over a hundred experiments, the animals living from eight to fourteen days. He promises to publish his results soon.

Colleges, Societies, etc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Report of Proceedings from page 390, concluded.

Dr. W. H. Watson, of Utica, New York, offered the following resolutions, which were unanimously adopted :

Resolved, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation," by *sectarian* monopoly either of National, State, county or city institutions supported by legal assessment, or of those private eleemosynary institutions which derive their support from individual contributions.

Resolved, That the recognition of this principle by the Legislature of Michigan by its action at its recent session in creating two professorships of homœopathy in the university of that State, meets the most hearty approval of this body.

Dr. Pemberton Dudley, of Philadelphia, presented the report of the Bureau of Organization, Registration and Statistics. The principal part of this report was a paper on the comparative mortality under homœopathic and allopathic treatment in the city of Philadelphia, during the year 1872. This table showed that in dropsy of the brain, other forms of dropsy and marasmus, the ratio was slightly in favor of allopathy, in scarlet fever, old age and paralysis the ratio was about equal, while in all other forms of disease, and in all forms of disease taken as a whole the ratio was very decidedly in favor of homœopathic treatment ; that is, that fewer patients die under homœopathic treatment than under allopathic treatment. It was also shown that of those who die there was a considerable difference in their average age in favor of homœopathic treatment.

Dr. R. J. McClatchey, of Philadelphia, presented the report of the Committee on Homœopathic Dispensatory, announcing that this great work was rapidly approaching completion, and would be in all probability ready for publication by the next session of the Institute.

Dr. T. F. Pomeroy, of Michigan, made the following report on behalf of the delegates of the Homœopathic Society of Michigan :

To the American Institute of Homœopathy, assembled at Cleveland, session of 1873: The undersigned, delegates of the Homœopathic Medical Society of the State of Michigan, respectfully submit the following report:

We have an incorporated association, organized in 1868, whose membership embraces forty-two physicians, all graduates of reputable medical colleges. Sessions are held on the third Tuesdays and Wednesdays of May and November of each year. The Society has engaged heartily in the endeavor to promote the general interests of homœopathy by seeking recognition in the University of Michigan, a large and flourishing institution under the government of the State. We are happy in being able to report that these efforts have at length been rewarded by entire success. The Legislature at its late session passed an enactment requiring the teaching of homœopathy in the medical department of the University, as follows:

"The Regents of the University of Michigan shall, on or before the 15th day of July, 1873, appoint and maintain two Professors of Homœopathy in the medical department thereof, viz.: One Homœopathic Professor of Materia Medica and Therapeutics, and one Homœopathic Professor of Theory and Practice. The said professors shall enjoy all the rights and privileges, immunities and emoluments that are now or may be hereafter accorded to the Allopathic Professors."

This liberal enactment passed the House by the handsome majority of nearly three to one, and the Senate with only five votes against it. This triumph in behalf of equal rights and scientific education has not been achieved without long and persistent efforts and great expenditure of time and money on the part of a few devoted men. Long before our society had an existence these men were knocking at the door of the university, and their potent demand for entrance, "in the name of the people" has proved invincible.

We would that the method by which the Legislature in its wisdom has seen fit to carry out the clearly expressed wishes of the people had ended all unseemly strife. Endeavors to undo what has been so wisely ordered are still manifest, however, but with small prospects of mischief other than that of misleading friends of the cause whose location is remote, but whose interest is keenly attracted.

In order that the profession at large might participate in the important duty of selecting candidates to be recommended to the Regency of the University to fill these positions, the officers of the Homœopathic Medical Society of the State of Michigan issued a circular, under date of April 15th ultimo, calling for a convention to assemble at Ann Arbor on the 7th of May, and representing that, as the benefits of this law are universal in their application, the physicans of other States should aid in the object by attending personally at the convention, and by taking an active part in its deliberations. This circular was distributed as generally as the nature of the case would permit, and the attendance at the convention, though small in numbers, was representative in character. Letters were received from nearly all the States of the Union, expressing the deepest interest, and wishing the convention God speed in its work. Three nominees for each chair were selected by the convention, none of them residents of Michigan, the physicians of that State preferring to show their disinterestedness of purpose by declining all nominations from their own ranks. No preference was expressed by the convention as between these nominees, and the nominations were unanimous.

Nor has the State of Michigan limited her recognition of our science to the medical department of her University. She has placed the

hospital of the State Prison at Jackson under homœopathic management for six of the last eight years—there being an interregnum of two years in which the old school method was given another chance and its claims, let us hope, forever abolished.

We do not feel that any apology is needed for occupying the attention of the Institute in these details, as the fact that the State of Michigan, by the enactment of this law has been the first to bestow governmental recognition upon homœopathy is of immense and far reaching importance. It indicates that the strongholds of old school bigotry and intolerance must surrender to the weapons of justice and common sense. It means that other States will follow the glorious lead. It means that the general government will swiftly fall into line, and that ere long homœopathy shall dispute with allopathy its claim to monopoly of the army and navy of the United States.

A. A. BANCROFT, M. D.
I. N. ELDRIDGE, M. D.

FOURTH DAY.

The Institute assembled at 10 o'clock, the President in the chair.

Dr. I. T. Talbot, from the committee to report on the establishment of a national college of drug provers, reported that the subject was of such importance as to require the further deliberation of the Institute, and that the reports on this subject be printed with the transactions for the consideration of the members, and that the Bureau continue its labors through the year.

Dr. Talbot also replied on behalf of the Committee on Colleges, reciting the history of the establisment of a homœopathic college in connection with the Boston University, and a general plan for raising the standard of medical education, and making three terms of study obligatory upon homœopathic medical students.

A plan has been proposed to centralize the colleges of the West into one Medical University, to be located in one of the cities of the West. Said university to be endowed with a fund of not less than one million dollars, embracing a faculty teaching every branch and department in medicine, and covering a period of time sufficient to thoroughly and fully educate its graduates. This drew forth eloquent remarks from Professor S. R. Beckwith, of the Cincinnati College; E. C. Franklin, of the St. Louis College; R. Ludlam, of the Chicago College, and N. Schneider, of the Cleveland College, all of whom pledged a hearty co-operation with the effort. Professor S. Lilienthal, of New York, said the East would heartly co-operate with the West in the establishment of a grand central University. A committee was appointed to confer together on this subject and render a report at the next meeting, as follows: Drs. Beckwith, Chairman; Ludlam, Baxter, Franklin, Pomeroy, and Ormes.

The Board of Censors made the final report of the Board of Censors, by which the following physicians were admitted to membership:

H. W. Carter, Cuyahoga Falls, O. E. C. Morrill, Norwalk, O.
M. T. Wilson San Francisco. F. Hiller, San Francisco.

Dr. F. R. McManus, of Baltimore, announced the death of Samuel Gregg, of Boston, one of the veterans, and paid a feeling tribute to his memory.

A hearty and cordial vote of thanks was tendered to Dr. McManus, chairman of the Board of Censors, for his faithful labors in that position during the past fourteen years. The Secretary was instructed to have the vote engrossed and forwarded to Dr. McManus.

Dr. E. C. Franklin offered the following resolutions, which were unanimously adopted:

"In view of the fact that the reports of the Surgeon General of the United States army, as exhibited in Volumes 1 and 2 of the first part of the Medical Surgical History of War of the Rebellion, have received a too limited circulation, by reason of an insufficient issue of the same by Congress; therefore,

Resolved, That the President and Secretary of this Institute be directed to petition Congress at the next session in behalf of the homœopathic profession, asking that the edition recently issued be reproduced in sufficient number to permit the general distribution to the members of the profession throughout the country.

Resolved, That the thanks of this Institute are due and are hereby tendered Congress for aiding thus far in developing and presenting to the profession reports of the Surgeon General, as herein specified.

"*Resolved*, That the thanks of this Institute are hereby tendered the officers of the United States Army who have, by sacrifice and labor, been instrumental in placing before the profession the valuable information contained in volumes one and two of the Medical and Surgical History of the War of the Rebellion."

The secretary announced that he had received a telegram announcing the death this morning of Dr. David James, of Philadelphia, one of the veteran homœopaths of the country. Dr. Pemberton Dudley offered the following preamble and resolution in relation thereto, which were adopted by a rising vote:

Whereas, We have just learned with deep regret of the decease this morning at his residence in Philadelphia, of David James, M. D., a veteran member of this body and one of the earliest and most self sacrificing champions and practitioners of homœopathy in America; therefore

Resolved, That the American Institute of Homœopathy recognizes in his death a serious loss alike to the profession and the community, and that we tender to his family our warmest sympathies in the afflictive dispensation which has separated from them, though "but for a season," a loved husband and an honored father.

The report of the Necrologist was then made, announcing the decease of other members of the Institute during the fiscal year. The report was accepted and referred.

The Bureau of Pædology, or Diseases of Children, was appointed by the Chair as follows: Dr. T. C. Duncan, Chicago, Chairman; Emma Scott, New York; F. R. McManus, Baltimore; C. H. Nibelung, St. Louis; H. N. Martin, Philadelphia; N. R. Morse, Salem, Massachusetts.

The Institute then proceded to the election of officers to serve from the first of January next, with the following results:

President, Dr. J. J, Youlin, Jersey City, New Jersey.

Vice President, N. Schneider, Cleveland.

General Secretary, Robert J. McClatchey, Philadelphia.

Provisional Secretary, Bushrod W. James, Philadelphia.

Treasurer, E. M. Kellogg, New York.

Board of Censors, F. R. McManus, Baltimore; T. F. Pomeroy, Detroit; H. H. Baxter, Cleveland; A. R. Wright, Buffalo; Mary Safford Blake, Boston.

Votes of thanks were tendered to the physicians and citizens of Cleveland, for their generous hospitality; to the officers of the Institute for their efficent labors; to the press of Cleveland for their tender of their columns for the report of the business of the Institute, and especially to the *Cleveland Herald* for an unusually full report; to Mr. Green, agent of the Associated Press, for courtesies during the session; to Dr. N. Schneider and wife for the very pleasant entertainment of the Institute at their residence on Prospect street, and to the Cleveland Homœopathic Hospital College for the use of their hall during the session.

Dr. C. R. Morgan, law phonographer, of Philadelphia, who has served the Institute for three years, was elected official phonographer of the Institute. Dr. Morgan returned thanks.

The Institute then adjourned, to meet at Niagara Falls, June 2d, 1874.

New York Homœopathic Life Insurance Company of New York City, are doing the cause very great service by the circulation of a tabular statement comparing the comparative mortality in New York, Boston and Philadelphia. It shews that where homœopathy loses ten patients, allopathy loses seventeen.

These are statistics of private practice, compiled from official records, and clearly show why this company can afford to insure Homœopaths at less than the usual rates.

Write to the Company for further information, which will be furnished free of cost.

Lectures and Addresses.

ADDRESS OF THE PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒ. AT ITS LAST ANNUAL MEETING.

The following annual address was delivered by the President, A. E. SMALL, M. D.:

It becomes my pleasant duty as the representative of the American Institute of Homœopathy to thank you sincerely for this kind and cordial welcome. Nearly twenty years have rolled around since our Association received a similar welcome to hold its annual session in your beautiful "Forest City." During the period that has intervened it has undergone many changes in active membership. Some have gone to rest. Others in attendance at that meeting, have taken back seats and seldom meet with us; but we are rejoiced to find their places so well filled with young and vigorous members, that have come from the East, West, North and South, to partake in the deliberations of this meeting. We therefore cherish a lively hope that the advent of our present session, like that of the former, will prove productive of the choicest benefits to yourselves and those here assembled. If on our part, Mr. Chairman, this hope should fail of being realized, I am sure that it will be to us a serious misfortune, but by no means the fault of your Committee. I therefore bid you again to receive our thanks.

Members of the American Institute of Homœopathy: Permit me to thank you for your kindness and mark of confidence in selecting me to preside over your deliberations during the present session. I accept the honor in humility, and with fraternal interest allow me to rely upon your kind forbearance and liberal aid while with fidelity I strive to discharge the duties of the honorable position your suffrages have assigned me.

Our national body was the first in this country to organize as a national council of physicians, having for its object "the improvement of the science of medicine." How far the most faithful if not the most faultless efforts have been made to carry out this purpose, the records of twenty-five annual sessions must testify.

Of the original members of the Institute only about twenty have their names enrolled at the present time, and among these we find the names of four of the pioneers of Homœopathy in North America, and particularly in this country. I allude to Constantine Hering, of Philadelphia, John F. Gray, of New York, Jacob Jeanes, of Philadelphia, and F. R. McManus,

of Baltimore, who forty years ago were representative men of our school. Their talents, learning and usefulness were such as commanded the admiration of the thoughtful who very soon united with them and made common cause in behalf of Homœopathic science. As these veterans have ripened in years, thousands have betrayed a fondness for training in their company. They have recognized alike the fundamental doctrine of *similia similibus* and have exhibited a record of successful warfare against acute and chronic diseases that differs but little if at all. Nevertheless like men of independent thought, they have differed upon questions not absolutely settled. They have not agreed that a strict adherence to either high or low potencies is essential to the faithful observance of the homœopathic law of cure. And yet their unyielding devotion to the great discovery of Hahnemann, and their firm conviction of its being the corner stone of Therapeutics, as well as their manly toleration of minor differences, are brilliant examples which we are proud to claim as a rightful inheritence.

In 1844 the number of physicians who practiced homœopathy in the United States were exceedingly limited. They were scattered over the entire country and enjoyed little or no opportunity for conference or exchange of views. It was only in some of the large cities that the privilege of conference was enjoyed and the necessity for a more general co-operative effort to disseminate the principles and practice of our school was felt to be necessary, and the plan of establishing a general conference was agitated.

The result was the primary organization of this body with which most of the isolated members of the profession became associated. And as in the human embryo, the *punctum saliens* sends forth a vital influence to bring order out of chaos, so the Animus or hopping point of our Institute twenty-nine years ago, went forth to gather up materials to perfect its orderly organization.

It now has its greater and lesser subordinate organs to provide for nutrition and growth. It has seven bureaus to represent as many distinct departments. This number may be increased to ten and be subdivided into twenty in order to provide for the most perfect prehensile and locomotive endowments. The former to gather and grasp from every contributing source, the latter to promote gradual advancement, to provide for less motion and thus prevent the Institute from falling into a state of masterly inactivity.

As a national body it is destined to increase in numbers, and improve in quality from session to session. The genuine science of Therapeutics in connection with the immutable law that lies at the foundation of the *Materia Medica*, will shine more and more brightly until the mists of Eclecticism shall finally disappear, and the system of dangerous palliation of suffering shall cease to multiply the chances of dissolution. Let the fountain be pure, let each Central Bureau give out a refreshing stream

and finally let every member work diligently and perseveringly in the right direction; then errors will be corrected and a noble example will command the attention of

AUXILIARY ASSOCIATIONS.

Immediately after the first convocation of homœopathic physicians, to organize a general body, societies were organized in several of the large cities and towns, as auxiliary branches, in which were appointed various and earnest committees to work up and improve all the branches of medicine.

These societies have gone on multiplying until all the large towns and cities from Maine to California, have each an efficient organization. The change that has taken place within thirty years is remarkable, if not surprising.

Not only in the towns and cities have those associations been formed, but in every county and State where the members of the profession are sufficiently numerous to form such a body.

Sixteen States have general organizations, auxiliary to this body, while in each county and town and city there are tributary branches. This multiplication of co-operative bodies is now having a wide spread influence, and is daily making inroads into every department of society. Its importance has been felt in halls of Legislation, in Empires, Kingdoms and States. We have a striking contrast between the late proceedings of the Massachusetts Medical Society and the Legislature of the State of Michigan. The former, chilled by the unhealthy moisture of the evening, has retired amidst thick darkness to indulge in a Rip Van Winkle slumber, while the latter has arisen surrounded by the nameless influences of the morning to plant homœopathy side by side with allopathy in one of the most flourishing Universities of the West. The ball is still rolling and its recognition elsewhere is now bringing about wonderful transformations in public and private charities. Even in our own general government there has been a quasi recognition of our claims by the appointment of some of our fraternity to important posts in the civil service of the country. We are safe in regarding this act decidedly prophetic and a good omen for the future.

The great activity that everywhere prevails in the advancement of medical science leads to the pertinent inquiry, viz: "Are the great central principles that lie at the foundation of homœopathic practice scrupulously maintained? Errors are only to be tolerated when truth is left free to combat them. The only known law of remedial action must be permitted to shine as constantly and as brilliantly as the noon-day sun in order to behold in the clearest light the capability and power of rightly affiliated remedies. Patient inquiry into etiology, symptoms and pathogenesis may seem like the tonsor stropping his razors in advance of his tonsorial skill. Yet to be successful it is absolutely required of every practitioner to critically examine every individual case of disease and

carefully note the symptoms and then to find as nearly as possible its counterpart in the pathogenetic symptoms of the corresponding remedy. Haste often leads the practitioner astray and fearfully diminishes his power over disease. A thoughtless rush to dangerous palliatives, such as hypodermics and sedatives, sends into the circulation a stream of deadly poison. There is less risk in patiently and carefully affiliating the proper curative at first.

We know that venesection will remove the intense pain of pleuritis and pneumonia very speedily; but it is fearfully expensive to vitality, while it increases the number of chances against the recovery of the patient. We also know that painful sufferings can be palliated by overpowering anodynes and an anæsthetic. But he who makes the practice allowable as a rule and regards homœopathy the exception, should ask the forbearance of this body, while he reflects upon the wickedness of tampering too freely with the complicated machinery of human life. Let him listen to the appeal of the quaint emblemist.

"Hold thy hand health's dear maintainer,
Life perhance may burn the stronger
Having sufficient to maintain her,
She untouched may last the longer
When the artist goes about
To redress her flame I doubt,
Oftentimes he snuff's it out."

It is not right for any member of this Institute to claim to sail under the banner of Homœopathy—when his practice is a mere mixture of cathartics, counter irritants, cold water, and starvation, and calculate to impede the progress of our cause. Such an one would add no more to the respectability of our school than would a cypher add in value to a decimal fraction when placed upon its left.

We are pained to admit that such extravagance is quite too common. No one ought to take the liberty of professing our faith, while at the same time he shuns it in practice. It would be infinitely better for society and mankind were he to turn from the error of his ways and shun hypocrisy. The only way of determining the value of our principles is by testing them in practice; and it is for this Institute to point out the principles and practice of homœopathy so plainly, that the wayfaring mongrel, though a fool, need not err therein.

Our profession is a liberal profession, but it does not encourage the crime of treason against science, and treason against this "body," and treason against the health and well being of man. Treason is a kind of liberty, to be sure: it is rebellion. Traitors to good and true principles are ever on the road to judgment, and it would be better for them, and this world, were Jove's choicest thunderbolts to hurry them into their province of liberty and freedom beyond the grave. True liberty and freedom are founded upon the rock of Truth, and wherever this leads or directs we are at liberty to go.

MATERIA MEDICA

is one of the richest sources of practical truth for us to contemplate, and although imperfect, our gratitude is due to the sources from whence we have received it. Our members are in duty bound to remedy its defects if possible, and to aid the Central Bureau in its indefatigable labors in collecting new physiological provings from the most available sources. The privilege of proving new remedies is open to all, and were the entire profession to volunteer in this enterprise, it would not be useless.

Nature is rich in materials; the mineral, vegetable and animal kingdoms are held in perpetual contribution to her storehouse of remedies, and the need of a more systematic and reliable library of Materia Medica is deeply felt.

The time has come for taking some action with regard to this matter. The multiplication of fragments will not suffice. We need a work that shall embody all that is known of Pathogenetic Materia Medica up to the present time, so classified and arranged as to render it of the greatest practical value.

At the last session held in the city of Washington, Prof. Dunham presented a paper from Prof. W. E. Payne bearing upon this subject, eminently worthy of the earliest consideration. The time for efficient action in this matter cannot, without detriment, be delayed much longer. Already the questions, "What ought to be done?" and "How ought we to do it?" have been agitated by many members of this body.

From the vast stores of provings already at hand, the work of classifying and arranging may be committed to competent hands, with authority from this body to arrange and publish in a series of parts, of 100 pages each, as rapidly as copy can be carefully prepared.

At a minimum price of one dollar for each part, there would, in all probability, be an extensive demand for the work. But to commence an undertaking of such dimensions would require considerable money in advance. This might be secured by issuing a circular, setting forth the nature, extent and plan of the work to be accomplished, and asking subscriptions to start it. Were our national body to take the initiative in this grand enterprise and to give to it an unqualified endorsement, it would afford some guarantee of its final accomplishment, and this would be carrying out one of its grandest purposes. In connection with this subject we have

CLINICAL MEDICINE AND SURGERY.

In this field of observation we look for facts to exemplify the effects of remedies. The Central Bureaus of these branches have labored diligently to show the relation that exists between the Materia Medica and medical and surgical diseases. They have the ordinary resources of private practice, and the benefit of statistical information from the hospitals and dispensaries recently established in many of our large towns and cities. It is a matter of the greatest interest that in Boston, New York, Phila-

delphia, Pittsburg, Cleveland, Cincinnati, Chicago and St. Louis we have flourishing hospitals supplied with clinical, surgical and obstetrical wards, together with departments for the eye and ear, and pedal surgery. Dispensaries, infirmaries and asylums are scattered from the Atlantic to the Pacific coast. Nearly all of them are living charities for dispensing homœopathic treatment to indigent sufferers. It is not within the province of this Institute to suggest plans for the judicious management of these clinical institutions? to render them the exponent of true principles, and desirable sources for obtaining clinical facts, and confirmation of the use of new remedies? If a uniform system of recording individual cases can be arrived at these dispensaries will prove the most valuable means of acquiring knowledge, as well as experience confirmatory of physiological provings.

It accords well with the spirit of our endeavors to encourage the multiplication of these charities, and even in those places where only one physician monopolizes the field. These open channels for rendering gratuitous service to the poor are the beacon lights that attract and pave the way for introducing homœopathy into whole communities. They inspire the charitable and sympathetic, who care for those bound down in poverty. In every community there are the deserving poor, by no means friendless, who often lie near the hearts of the opulent. These see their sufferings relieved by homœopathy, and are drawn towards it, and the first opportunity that presents itself for acknowledging its claims is seized, and soon it becomes an institution of their household by adoption. The benign influence of homœopathy fairly wins wealthy converts to its favor; no arguments are so potent as facts. A single opportunity for making a fair exhibition of homœopathic practice will influence a whole people in its behalf. Callous and unfeeling indeed would be the busiest practitioner who could not meet out a portion of each day or week, some advice and medicine for the relief of moneyless sufferers.

Our National Society is looked upon as a center from which a wide spread influence should emanate for the benefit of mankind. Therefore, let it instruct its Bureau of Clinical Medicine to point out rules which can be uniformly of service in establishing, conducting and recording the practical operations of as many hospitals and dispensaries as in every community may be needed or can be supported. This would tend to improve and augment the science of medicine, for in every laudable pursuit practice makes perfect. If we should have our hospitals well provided with skill, let us look after the interests of

MEDICAL EDUCATION.

What has been accomplished during the last year in this respect, and what remains to be done? We are proud of the step taken by the American Institute at its session of 1870 in Chicago, in recommending our colleges to adopt the regulation of graded courses of three years, for students, before passing them as candidates for the doctorate. This plan

to some extent has been adopted and carried out successfully by several of our colleges, and yet to render the graded course still further efficient in elevating the standard of medical education, we need something more than the junior, middle and senior courses of six months each. What ought we to do about it? Is it not within the province of this body to recommend a uniform standard of preliminary attainments, preparatory to entering the junior courses? Is it not the duty of our colleges to adopt this rule, to insist upon its observance, and to so announce it? It is also incumbent on us to recommend and urge upon students the necessity of attaining to a certain standard of preliminary education in order to be admitted on examination to the junior course of any of our legalized medical schools; and in fact to make it imperative on the part of the schools themselves, to insist upon the observance of this regulation, and let each provide a board of examiners before which all students shall pass before entering the college courses. Should this proposition be universally favored, and uniformly adopted by our schools our professors would cease to be disgraced by ignorant, illiterate and uneducated adventurers, who always seek the easiest and shortest road to get a diploma. And here let me say a word of

PRIVATE PRECEPTORS.

It is probable that a very great proportion of our members are or may be private preceptors, and with them rests the responsibility of encouraging men to pursue, or not pursue the study of medicine, according to their apparent fitness in point of character and education. It is for them to exercise righteous judgment and not to be in haste in encouraging useful tradesmen, well learned and skillful in their vocations, to abruptly abandon them for the sake of becoming indifferent doctors. For it is remarked from observation that such seldom rise to mediocrity, much less to eminence, besides it is a shame to spoil good shoemakers, blacksmiths, carpenters, and the like, to swell the ranks of indifferently qualified physicians. Unless, perchance, some honorable exceptions should claim consideration, it would better accord with justice to recommend them to persevere in their more useful callings. A resolute firmness on the part of this body to uphold and maintain right ground in this matter, would be indicative of an advance favoring medical education.

Within the last quarter of a century our school has made such rapid progress that nearly every State and county has felt its influence and there has been an imperative demand for medical schools in which the science of homœopathia should form a part of the curriculum.

Such schools have been provided and now act under legal charters that place them on a like footing with all the other chartered institutions. Their legal status fully protects them. But this is not all that is necessary. In their organic capacity they must provide for thorough instruction in all the branches in any way connected with medicine. The labor of teaching should be so divided among competent professors that efficient instruction

should be imparted in every department and sub-department of the course. Three can profitably labor in the department of Materia Medica, Pharmacology and Therapeutics, and as many in special pathology, diagnosis, and clinical medicine. The same number may profitably labor in the department of surgery, surgical anatomy, and homœopathic treatment of surgical diseases and so on including anatomy, (general and descriptive) auric and opthalmic surgery, obstetrics, chemistry, diseases of women and children and fornesic medicine, and as many additional branches as may be necessary and useful to perfect the course, thoroughly liberalize, cultivate, and discipline the minds of students, and fit them for the profession.

Eight medical schools in which homœopathy is taught are now in successful activity. This number is sufficiently large. Some think it would be far better if the number were less and the quality better. Many colleges indifferently supported and inefficiently conducted would, in all probability, accomplish less than a more limited number, well sustained and ably conducted, Whether the number be greater or less, let each seek for advantages and improvements that cannot be surpassed, and close their doors against such as have not that preliminary culture that would command respectful consideration, as students ; and then, on the other hand, let it be enjoined upon the schools to adopt the plan of three graded courses, of six months each, with well appointed teachers and ample means for practical illustration and demonstration in all the branches, with the provision for admitting students at any time to that grade to which their qualifications entitle them. Our national body can sanction nothing short of this, nevertheless our colleges have thus far fought a good fight and have kept the faith. The length and breadth of the country have been blessed by them and more than a thousand of our best and most honored physicians and surgeons are proud to claim them as Alma Mater. And yet this noble progeny ever pray that greater improvements in facilities and quality of instruction may be realized in order to keep pace with the advancing spirit of the age.

The entire subject of medical education should come up annually in county, State and national societies, until a brilliant response from our colleges shows them worthy of being hailed as the sources of light, crowned with the glory of usefulness and professional honor, because they have perfected facilities that cannot fail of swelling the ranks of our profession with finished scholars, polished gentlemen and thoroughly educated physicians and surgeons. Nearly related to medical education are

OUR LITERATURE AND BOOKS.

In a country of so vast an extent as ours the periodical literature keeps up a bond of union and interest between isolated districts. The progress made in this department accords well with the times. Two quarterly and several monthly journals are constantly gathering up the fruits of observation and research, while others advocating private interests circulate a

knowledge of homœopathy and items of intelligence from shore to shore.

The power of the press is everywhere revealed, and in the service of truth it builds up human interests. It should never be the willing generator of puerile strife, but the propagator of noble principles. In medicine it should be the channel of truth, new discovery and practical observation. A medical journal is out of its legitimate sphere when it becomes the propagator of doctor's quarrels, throwing broadcast personal invectives, dogmatic implications and insinuations of a personal nature. The press when controlled by men of doubtful integrity, often proves a source of corruption, but when governed by good and true principles, it exerts a wholesome influence. When engaged in the cause of medicine, or in behalf of human health, its stand point should be sufficiently elevated and pure to send forth as from a fountain, refreshing streams to invigorate the careworn faculties of those engaged in professional life.

It is the duty of an editor while in the advocacy of any cause to cherish liberal sentiments and not be invidious or dogmatic in criticism while it is his privilege to indulge in wholesome review, to point out errors, and hold them up in the light of truth. It is not for him to mar the work by going off in side issues, a few malicious flings, a needless exaggeration and perversion, for it betokens a littleness of soul and a want of manly honor, which, to say the least, is sometimes humiliating in our medical journals. What then should be expected of our periodical literature? It will not be extravagant or exacting to expect that it will be the medium of conveying periodically to its patrons the latest achievements of science and art in medicine and surgery— the latest record of scientific discovery, of material, medical, and clinical experience. It should be the respository of reliable intelligence concerning climates, watering places, and retreats for individuals suffering in body or mind. It should contain well written and exhaustive essays on the treatment of specific diseases, epidemics and endemics, and the best means of guarding against them. It should discuss the sources of malaria as well as the lethal intrusions upon the wings of the wind. It should interest itself in general sanitary measures, scan the sewerage and drainage of cities, point out what is defective and how to remedy it, give explicit directions concerning the effects of pure water and other elements of hygiene in promoting the longevity of the human race, and while our periodical literature occupies this field

OUR GENERAL LITERATURE AND BOOKS

merit a passing notice. Every physician requires a library, to be increased as his interest ripens in professional knowledge. Already something creditable has been accomplished in the way of books; but more is needed. Exhaustive treatises upon one or two branches have been published; other works are needed to show the application of homœopathy to surgery, to diseases of the eye and ear, diseases of the lungs, heart and chest, alimentary and glandular systems, and the tegamentary tissues, nerves, nerve centres, etc. We want at least a hundred volumes of full

library size, which shall be exhaustive treatises upon as many different subjects, demonstrating the all important fact that homœopathy is universally applicable to all states and conditions of disease incident to the great variety and almost infinite number of tissues in the human organism. It is for this Institute to lend a helping hand as all enterprises looking to the ultimate object for which it was formed. And finally, what shall we say of the

FUTURE?

From the point where homœopathy first began its course has been westward until it has performed the circuit of the earth. Its first day is drawing to a close. The dawn of the second is already seen in the east, spreading its glories to the west. It has reached our Institute, the oldest and most efficient national medical council on this continent, with seven bureaus like so many mammoth columns to support it, five and fifty auxiliary branches and as many clinical dispensaries and hospitals, eight chartered medical schools to keep it replenished with members, six or eight journals to advocate its claims, one hundred well written and carefully prepared volumes to aid in stocking the libraries of its members, which number from ten to fifteen hundred, and nearly all of which—the product of the first historic period, and now opens up to view a glorious future—a still greater transformation of old physic, a far more extensive abridgment of heroic medicine, and the final glitter and sunshine of *similia similibus*, from the Atlantic to the Pacific coast, and "from the centre all round to the sea."

THE DOSE OF CARBOLIC ACID.

BY DR. W. G. COTTON, EAST BETHLEHEM, WASHINGTON CO., PA.

The "*Medical Times*" of Philadelphia, says:—The following case is of interest, as showing that we may yet be unacquainted with what should be the proper dose of Carbolic acid in some instances. Mrs. Moffitt, aged 70, was suffering from diarrhœa, for the relief of which she requested her husband to pour out twenty-four drops of laudanum. He by some mistake gave her that amount of crude carbolic acid. It "burnt" the mucous membrane of the mouth and throat considerably, and produced a moderate amount of nervous prostration, which did not last long. She at once was aware there had been a mistake made, but thought the drug taken was "pain killer." In about an hour afterwards the discovery was made that carbolic acid had been taken, and milk was then freely used as an antidote. The evil which resulted was immediate, but immaterial, and the good accomplished was the relief of the diarrhœa. I would not recommend twenty-four drops as a proper dose of this fluid, but have an idea that one drop is rather homœopathic.(?)

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XIII.—CHRONIC BRONCHITIS.

Chronic bronchitis of the adult is one of the most common diseases of this continent, and in children we also meet with cases which may be classified as chronic bronchitis, though it is somewhat different from the same disease in the adult. It has many grades of severity, and in this respect it is even more protean than acute bronchitis—of these the most common according to systematic writers, are the *common chronic mucous catarrh*, the *chronic catarrh with thin glairy secretion*, and the so-called *dry catarrh*, with thickening of the bronchial mucous membrane. It may, however, be divided into two great classes, in one of which it evidently follows an acute attack, while in the other it apparently assumes the form of chronic inflammation from the commencement, although it seems fair to infer that the chronic form must have been preceded by a sub-acute inflammation.

According to Meyhoffer, the most frequent *predisposing* cause of chronic bronchitis in children is *deficient vitality*. "The great liability of children to bronchial and intestinal catarrh has been considered by superficial observers as a secondary or sympathetic phenomenon of dentition; whereas in reality the disorders of the latter state, as well as those of the respiratory and digestive organs, *all originate* in deficient vitality. In fact, healthy, vigorous infants are never affected by chronic bronchitis, and recover rapidly from an acute attack of it; those on the contrary, who are the offspring of parents advanced in life, consumptive or scrofulous, as also those exposed to bad sanitary or dietetic conditions, or having

undergone any severe acute disease, exhibit great predisposition to inflammation; these are either chronic from the beginning or the acute stage manifests great proneness to indefinite protraction and frequent relapses. The cause of this difference in the course of the same disease, lies in the degree of vitality of the organism; the strength of the latter increases also its power of adaptation and resistance, the dilated blood-vessels grow *habituated* to, but not exhausted by, the intra-vascular pressure, and gradually resume their function of contraction, thereby re-establishing circulation. Capillaries of low vitality are soon exhausted by prolonged dilatation, which thus tends to become permanent and to perpetuate the morbid condition." The most common *exciting* causes are usually said to be prolonged exposure to cold, or sudden changes from heat to cold, or from a dry to a moist atmosphere, but really the most powerful exciting cause is the frequent repetition of simple bronchial catarrh. It is doubtful, however, whether even frequent repetitions of acute bronchitis will induce the chronic form of the disease unless the deficient vitality, of which Meyhoffer speaks, is present.

Chronic bronchitis, as a secondary disease, is exceedingly frequent, and even in children it is by no means a rare affection. Meyhoffer remarks that "of the sixty-eight cases mentioned in the introduction, ten concern children of from three months to ten years."

A very mild form of chronic bronchitis is quite common, merely consisting of a cough—slight in degree and more or less paroxysmal—with moderate secretion of mucus which is seldom expectorated. Little or no fever can be detected, and the appetite and nutrition are often almost unchanged. During warm weather the cough diminishes or disappears, probably to return in winter after some little exposure to cold. This state of things may last for a considerable time, till it finally ceases or becomes so much aggravated as to excite the solicitude of the parents.

Another common form of the disease is more apt to result from a mild acute bronchitis than from a severe attack. The

quickened respiration and high fever which marked the acute affection abate, and all the accompanying symptoms lose their acuteness and much of their severity. There is little or no fever during the day, but towards evening there is a moderate febrile movement preceded by slight chills and sometimes the only febrile symptom is a slight acceleration of the pulse. The cough still continues, but it is soft and moist, and it rarely comes on in paroxysms, but is apt to be peculiarly distressing at night or when lying down. With the cough there is a good deal of wheezing, and as the fever rises the breathing is again accelerated. As the disease progresses the appetite diminishes and there is a more or less marked loss of flesh. The pulse is weak, small and fluttering, and occasional night sweats mark the increased gravity of the case. The most marked feature of chronic bronchitis is its liability to exacerbations which results from the fact that the bronchial mucous membrane, when it has been for some time in a state of inflammation, is remarkably sensitive to the impression of cold. Dr. J. F. Meigs remarks "In some instances, I am very sure that an aggravation of the symptoms of the chronic form constantly occurs whenever the child is about cutting additional teeth, whilst in the intervals between the appearance of the successive teeth, the child remains comparatively well. I believe that the cause of the aggravation at the moment of cutting the teeth, is to be looked for, not in the act of dentition itself, but in the circumstance that the liability to cold is greatly increased at that particular moment, probably because the forces of the system are so weakened by the effort of dentition, as to lessen the power of resistance against the disturbing influence of a changing, and particularly of a falling temperature."

The most severe form of chronic bronchitis closely simulates pulmonary consumption, and Dr. Churchill remarks that in fact it may run on into that disease. In this form all the symptoms are from the first more pronounced than in the milder forms already described. A kind of hectic fever with chills succeeds the fever of acute bronchitis, and night sweats are frequent and exhausting. The pulse is frequent and

feeble, especially towards night. The oppression of breathing is perhaps not more severe than in the milder forms of the disease, but it is far more continuous and, like all the symptoms, is aggravated at night, and is also much increased by exercise. The cough is persistent and troublesome, and often occurs in such violent paroxysms as almost to threaten suffocation. It is most frequently loose and hollow, though it is sometimes short and hacking or loud and sonorous. The cough is accompanied by croupous expectoration, at first of a thin, frothy transparent mucus, but after a longer or shorter period it becomes thick, purulent and greenish, and as the disease advances it is more copious and fetid and is sometimes streaked with blood. Often there seems to be little or no pain, but sometimes the patient winces during percussion so much as to give the impression that there is more or less soreness or pain in the chest. As the disease progresses the appetite and digestion becomes much impaired, the tongue is thickly coated in the morning, the bowels are irregular and the urine highly colored. At the same time the pulse becomes smaller, weaker and quicker, and the skin, dry and harsh during the day, is bathed in profuse perspiration during the night. The breathing is hurried and laborious and the attacks of cough are most exhausting. The face is pale and the eyes sunken and hollow, and at last great debility and colliquative diarrhœa usher in the last stage of the disease. All through the disease the child is fretful and peevish and as it advances the temper becomes more fitful, but towards the close melancholy and apathy are the most usual moral state. Chronic bronchitis is very liable to exacerbations, and often the malady appears to be abating when suddenly and without any assignable cause all the symptoms are intensified and the disease resumes its onward march. "Frequently, in the course of chronic bronchitis, there is a mixture of acute with the chronic symptoms, in consequence either of the supervention of fresh inflammation in the parts before inflamed chronically, or of new parts becoming affected; and this possible complication should always be borne in mind in the treatment. A test of the occurrence of acute symptoms, suggested by Andral, is the

appearance of transparent, amidst, or in the place of previously opaque sputa. The sign is generally, but not universally true," (Prof. George, B. Wood.) The milder forms of chronic bronchitis, under enlightened homœopathic treatment, usually recover after an illness which varies in length from three or four weeks to two or three months, but the more severe form, closely simulating phthisis pulmonalis, often lasts for a long time and patients may linger for five or six years and in such cases a permanent cure is rare.

Percussion is of comparatively little value in chronic bronchitis, or to speak more accurately, it is so difficult to percuss a sick child, that the results are much less reliable than in the adult. At first it is normal or nearly so—a clear vesicular resonance—unless indeed the disease be complicated with some morbid state of the pulmonary parenchyma as solidification or tuberculosis, Later in the disease, dullness supervenes, and this dullness is temporary when dependent upon an excessive secretion for coughing or vomiting, which removes the fluid mass, causes the disappearance of the dullness. If phthisis should supervene the dullness is permanent, and if there be dilatation of any part of the bronchial tubes, dullness will be present around the dilated part. Meyhoffer remarks that "percussion is best performed with the finger during inspiration and expiration; the more gently this is practised the greater is its value, and the more readily it is borne by the ailing infant."

Auscultation yields more valuable and more definite results than percussion in this disease. Mucous râles are the most characteristic and predominant feature of most cases, and these are usually of what is called the moist variety. The subcrepitant often alternates with the coarser mucous râles and with the sonorous râle or *gurgling*, and when these succeed each other rapidly Laennec calls it "the song of all birds"—*cantus omnium avium*. Of course it will be understood that the dry or sibilant râle denotes an absence or rather scantiness of secretion, and that the mucous râle denotes copious secretion with relaxation of the mucous membrane, and it should not be overlooked that bronchitis may be present without any

râle whatever. The sub-crepitant râle predominates when the minute bronchial ramifications are the seat of the morbid process, the sibilant râle when the medium-sized tubes are affected, and the loud sonorous gurgling indicates that the largest tubes are the seats of the disease. These physical signs are most marked just before a paroxysm of coughing, and the best results will be obtained by auscultating at the back of the thorax and with the naked ear, or with Cammann's stethoscope, for here the common instrument is almost useless.

Dr. John M. Scudder of Cincinnati, remarks that "chronic bronchitis is not strictly a chronic inflammation, but rather a condition of the mucous membrane resembling that produced by such inflammation" but, though the bronchial mucous membrane does not present the vivid red color so often seen in acute bronchitis, still it is sufficiently evident that all the lesions of chronic bronchitis are the result of the inflammatory process and of that alone. The bronchial mucous membrane is almost invariably thickened, and, in addition, is sometimes partially indurated, though more rarely softened or ulcerated and this hypertrophy and augmentation of density are much more strongly marked than in the acute form of the disease. Usually the color is violet, deep red or even mahogany color, but in some cases it is yellowish, grayish, or even whiter than in the normal state, and of the latter anomaly Dr. Copland thinks that "a very copious secretion will often take place from mucous surfaces, and assume even a purulent appearance during its retention in the bronchi, from lost tone of the extreme capillary vessels, with, perhaps, an increased flux of the circulating fluid in order to supply the discharge, all vascularity disappearing with the cessation of circulation." This changed mucous membrane is enveloped in a massive layer of whitish or yellowish mucus or muco-pus, purulent in its nature, or the secretion may be very scanty, in which case it is tough, tenacious and transparent. At times the secretion is so copious that the extreme bronchial ramifications are found to be distended with it and, on cutting into the pulmonary parenchyma, an abundance of it gushes out of the divided bronchi and pours over the cut surfaces. The bronchial glands

are often enlarged and softened, especially if phthisis pulmonalis should have developed itself. Dilatation of one or several of the bronchial tubes is quite common, and this dilatation is sometimes diffuse extending along the whole extent of a bronchial branch and its ramifications, or it may be partial and limited to isolated portions of the bronchial system. "In the former case, the parietes are generally thickened, and the result is probably owing to a kind of inflammatory hypertrophy; in the latter they are thinned, sometimes very much so, owing, undoubtedly, to distension from the extraordinary impulse given to the air in coughing and respiration."—*Wood.* Sometimes one of the most marked pathological changes is constriction of some part of the bronchial tubes, and this constriction is the result of an excessive hypertrophy of the mucous membrane or of the entire wall of the bronchial tube. As might be expected, emphysema is a very frequent result of these anatomical changes and if a bronchial tube should become closed from the constrictive hypertrophy already spoken of, it will be readily understood how easily atelectasis of the corresponding part of the lungs takes place. Lastly, Andral and many excellent observers assert that in some rare cases in which all the signs and symptoms of chronic bronchitis existed during life, no trace of the disease can be found after death, the bronchial tubes being to all appearances perfectly healthy.

The principal disease with which chronic bronchitis is likely to be confounded, is pulmonary consumption, and the diagnosis is, as a general rule, easily made by attention to the history of the case, and to physical diagnosis. At the same time it does no good to keep constantly the idea of scrofulous or tubercular disease present to the mind as the cause of the continued cough, and still less good is done by resorting to cod-liver oil as a *dernier ressort.* Far more good is done by a careful investigation of the causes from which the bronchitis has arisen and by which it is chiefly maintained, and especially valuable is that minute attention to individuality which distinguishes our therapeutics. The diagnosis must be very carefully made and the source of the cough as well as its duration and complications must be accurately ascertained.

The diagnosis, then, is based upon the presence of certain rational symptoms and physical signs which are not likely to co-exist in any other pulmonary malady, and upon the absence of the indications, both rational and physical, which mark analogous affections of the chest. In phthisis there are sharp pains in the upper part of one lung or beneath the scapula, and even young children are capable of expressing suffering from this cause, but early in chronic bronchitis there is an absence of pain during inspiration. In phthisis there is a dry hacking cough long before there is any expectoration, while in chronic bronchitis the cough is often accompanied by a copious expectoration almost from the commencement. Moreover, the cough of phthisis, all least in all but the most advanced stages, is short and tickling, while in chronic bronchitis it is deep, sonorous and paroxysmal. Hæmoptysis is very common in phthisis, but it is quite rare in chronic bronchitis. In phthisis the face is flushed and the lips redder than usual, in chronic bronchitis the face is pale and the lips bluish. Hæmoptysis is very common in phthisis, but it is quite rare in chronic bronchitis. A consumptive child is almost always flat at the summit of the lungs, but in one suffering from chronic bronchitis the shape of the thorax is unchanged. In phthisis the upper part of the lung is usually dull on percussion, in chronic bronchitis the sound is but little changed and dulness may almost be said to mark the supervention of phthisis. The early stages of phthisis are marked by rapid breathing with a harsh sound on inspiration, while in chronic bronchitis the sonorous and sibilant râles mark the early stages, and the mucous râles the more advanced. The advanced stages of phthisis are marked by pectoriloquy and the cavernous râle which are signs indicating the existence of a cavity, but in chronic bronchitis these are only detected when a very marked bronchial dilatation is present.

The prognosis of infantile chronic bronchitis varies greatly and the best general rule is, that laid down by Sir Thomas Watson "so long *as no organic change* has taken place in the air-tubes, or in the mucous membrane lining them, these

chronic forms of bronchitis which simulate phthisis in their general symptoms, are within the reach of cure." Bæhr remarks that "even under homœopathic treatment inveterate pulmonary catarrhs are very seldom cured" but this, I think, must be considered to apply to these severe forms of chronic bronchitis which are as incapable of recovery and as surely and progressively fatal as the most marked cases of pulmonary consumption. It is a favorable sign if the expectoration consist chiefly of mucus, and it may be laid down as a rule of very general application that the more purulent the expectoration and the more marked the hectic fever the greater the danger. Little children do not expectorate much, but still, with a little care, some may be procured for the purpose of examination. A dark red appearance of the tongue with aphthæ of the mouth and fauces are eminently unfavorable signs. When the dyspnœa is pressing, the pulse frequent and feeble, the night sweats profuse, and the expectoration copious and purulent, an unfavorable prognosis must be given, and especially when hectic fever with emaciation and colliquative diarrhœa are also present. Another unfavorable incident is the development of acute bronchitis during the course of the chronic form of the disease, and Wood remarks that one of the first effects of these acute attacks is to produce a suspension or diminution of the discharge from the bronchia, which is, therefore, a bad sign in chronic bronchitis. A recent German writer in the '*Journ. F. Kinderkr*' says that the prognosis will be so far the more favorable as long as the friends of the patient will encourage the children, and that they are willing to spare no cost or pains to restore health. T. N.

(*To be continued.*)

INFANT MORTALITY IN PHILADELPHIA.—At a meeting of the Obstetrical Society of Philadelphia, a committee was appointed "to consider the Causes and the Prevention of Infant Mortality during the Summer Months." Such an enquiry may be specially needed in Philadelphia, but will doubtless be serviceable in other cities.

Obstetrical Department.

ON COMBINED EXTERNAL AND INTERNAL VERSION.

BY M. B. WRIGHT, M. D., CINCINNATI, OHIO.

*A Reply to J. Braxton Hicks's Letter in No. IV., Vol. V. Am. Jr. Obst.**

My attention has been called to a letter on the above subject in this year's February issue of your Journal, and signed J. Braxton Hicks. The object of the letter seems to have been to make an issue between himself and Dr. W. S. Richardson, as to the originator of "The Combined External and Internal Version" plan of converting a shoulder into a vertex presentation.

It will be seen before I close this communication, that Dr. Richardson was right is using the expression, "Dr. Wright's Method," and that it does not in any way detract from the claims of Dr. Hicks. And it gives me great pleasure that I now have an opportunity of meeting Dr. Hicks, not in jealous or angry discussion, but in the calm and friendly interchange of professional views.

My "Prize Essay on Difficult Labors and their Treatment" was not written for vain show, nor for self-glorification, but to contribute my mite to the demands of obstetrical science, and to discharge a duty justly claimed by the junior members of the profession. There is far more importance attached to the question, What amount of good is to be realized from a definite plan of action? than to the other question, By whom was it suggested? Still, as a discussion of the latter is the order of the day, I must not shrink from a participation in it.

It is apparent that Dr. Richardson has taken one standpoint, Dr. Hicks another—hence a difference in their conclusions. The latter has predicated his criticisms on the reported cases of gentlemen, whose object was mainly to show that cephalic version had been successfully performed by myself, as their counsellor, without deeming it necessary to describe the precise manner of its accomplishment.

* American Observer, current Vol., page 289.

Dr. Richardson, on the other hand, relied for a correct judgment on the language of the essayist. A paragraph taken from pages twenty-six and seven of my original essay reads as follows :—

"Suppose the patient to have been placed on her back, across the bed, and with her hips near its edge—the presentation to be the right shoulder, with the head in the left iliac fossa—the right hand to have been introduced into the vagina, and the arm, if prolapsed, to have been placed as near as may be in its original position across the breast. The fingers are now to be applied to the top of the shoulder, and the thumb in the axilla, or such part as will give greatest command of the chest, and enable us to apply a degree of lateral force. *The left hand is also to be applied to the abdomen of the patient, over the breech of the fœtus.* Lateral pressure is to be made *upon the shoulder* in such a way as to give to the body of the fœtus a curvilinear movement. At the same time the left hand, applied as above, makes pressure so as to dislodge the breech, as it were, and move it towards the centre of the uterine cavity. The body is thus made to assume the original bent position, the points of contact with the uterus are loosened and perhaps diminished, and the force of adhesion in a good degree overcome. Without any direct action on the head, it gradually approaches the superior strait, falls into the opening, and will in all probability adjust itself as a favorable vertex presentation. If not, the head may be acted upon as in deviated positions of the vertex, or it may be grasped, brought into the strait, and placed in correspondence with one of the oblique diameters."

Can any one say, after reading the above, in justice to his own powers of perception, in view of his own professed knowledge of language, and with a just claim to honesty of purpose, "that Dr. Wright only used the internal hand, not even mentioning the use of the *external one?*" Whose eyes did Dr. Hicks use when, "on reading over Dr. Wright's original paper," he failed to see the points so distinctly presented? The truth is, during the many years of my lecturing upon obstetrics, I never failed, when cephalic version was the subject under discussion, to enforce the absolute necessity of action by the external hand.

To my mind, "Dr. Wright's method" and "Dr. Hicks' plan" are essentially different in principle and in practice. Dr. Hicks says, "In my plan I need only pass one or two fingers, and bring the head by the external pressure, and the internal fingers down to the os, and retain it there until the

gentle uterine contractions have confirmed the new position." In this plan, it will be observed, the head of the fœtus is the only point on which action is brought to bear. According to the method of Dr. Wright, the head is not acted on at all, except incidentally in some cases. Internal force is applied to the shoulder, external force to the breech.

Again, the force used to change the position of the fœtus, in harmony with the two plans, is in *opposite directions*. The outside hand is used by Dr. Hicks to *push down the head*—by Dr. Wright to *push up the breech.*

The language of Dr. Hicks is: "Now, the distinctive point of the plan I have introduced was just this, that *both hands are used together.*" Are not both hands used in "Dr. Wright's Method?" The turning cannot be speedily and skillfully performed without it.

Every experienced practitioner will testify that, at best, turning is not a desirable task. In nearly all the cases in which the liquor amnii escapes early, an adequate degree of force is to be skillfully applied internally as well as externally. May I not ask, by which process can we secure most efficient aid in directing the movements of the fœtus, the introduction of "one or two fingers down to the os," or by applying nearly the full power of the hand against the shoulder?

Is it still a question of interest to know who first presented his views on "Combined External and Internal Version" in shoulder presentations? If so, I may refer to the fact, that my experience on the utility of combined version dates as early as 1847, and my lectures on the subject occurred soon afterwards. A case was published in the *Lancet* in 1850, and another case in 1851. My essay contained a description of the process, was published in 1854. In 1860 Dr. Hicks for the first time presented his views to the profession. Will Dr. Hicks strike the difference and show us how he reverses time? The profession have now an opportunity of testing the comparative value of two methods of rectifying shoulder presentations. And it seems to me that the two disputants may rest their exultation upon the good they may have secured to the sufferer, without claiming special praise for ingenuity or skill.

Very truly yours, M. B. WRIGHT.

CRIMINAL ABORTION—STRANGE CASE.—(*American Journal Med. Science.*) Dr. T. G. Thomas details a case unique in character. The wife of a physician used an umbrella wire seventeen and one-half inches long, to procure an abortion. The right lung was wounded, and death induced by pneumonia, on the sixteenth day.

THE PATHOLOGICAL ANATOMY OF THE FALLOPIAN TUBES.*

BY JULIUS M. KLOB, M. D., PROFESSOR IN THE UNIVERSITY OF VIENNA.

STRICTURE AND OCCLUSION.

Strictures and occlusions of the Fallopian tubes are either *congenital* or *accidental.* The congenital must be attributed to such arrests of development as occur during that very early period of fœtal life when Müller's filaments are still imperforate. Such strictures and occlusions occur either within the middle portions of the tubes, or, as in many instances, throughout their entire length. In some very rare instances we meet with congenital occlusion of the uterine orifice of a Fallopian tube, the canal of which is perfectly permeable throughout the rest of its course, and still more rarely, absence of the abdominal orifice and fimbriated extremity.

The accidental strictures or occlusion of the Fallopian tubes may be either *partial* or *complete.* The former are the most frequent, and affect either the uterine or abdominal extremities or sometimes occur in the middle portions. Accidental occlusion may take place at the uterine orifice from a proliferation of the uterine mucous membrane. The partial casting off of the latter after each delivery, and its subsequent re-development may occasion such occlusion. Placental attachment in the immediate vicinity of the uterine orifice seems to me to be of still greater importance in the explanation of such cases.

In the so-called interstitial or uterine portion of the Fallopian tube, stricture may be produced by an intumescence of the surrounding uterine tissue, especially from adventitious growths (fibrous tumors.) Not unfrequently we find the canal of the tube exceedingly tortuous in this latter portion, and upon a careful external examination we will notice either irregular tumefaction of that portion of the uterus or numerous prominences. Upon more thorough examination we will find that the irregular tumefaction is due to the tortuous condition of the so-called interstitial portion of the Fallopian tube. Such an anomaly is generally bilateral, confirming, therefore, the presumption that we are dealing with a congenital anomaly

* Translated from his work, in German, on the Pathological Anatomy the Female Sexual organs. By Joseph Kammerer, M. D., Prof. of s of Women in the University of New York, and B. F. Dawson, *merican Journal of Obstetrics, Vol. VI., No. I.*

or at least with one that originated during the puerperal state ; it appears as if, in the fœtal state, Müller's duct had been twisted and bent in numerous directions. My attention was called to this latter anomaly by Rokitansky. The walls of one tube may also be considerably thickened by hyperplasia of its muscular coat, and thus its canal be more or less contracted.

Ulcerative affections of the Fallopian tubes are exceedingly rare, consequently strictures from contraction cicatrices are rarely observed. If a tube has been drawn down and fastened by false membranes upon either surfaces of the broad ligament, then, besides being bent at its uterine portion, it will also be partially twisted, and in consequence the permeability of its canal will be considerably impaired.

Impermeability of the Fallopian tubes from traction occurs in various degrees, and may occur in any portion of their course. Rarely does traction cause complete obliteration ; it is generally partial, and chiefly affects the middle portion.

Occlusion of the abdominal orifices of the tubes is the most frequent of the accidental atresiæ, and arises either from tubal catarrh involving the peritoneum, or from peri-uterine oophoritis or pelvic peritonitis. When the abdominal orifices are occluded the fimbriæ are generally found rolled inwardly towards the canal of the tube, their peritoneal surfaces being adherent. Thus the extremity of the tubes assumes a funnel-shaped appearance. It is possible that the inversion of the the extremities of the tubes is in many cases the primary lesion arising from abnormal contraction of the tubes, the adhesion occurring later. At least this explanation is possible in all those cases exhibiting no trace of any other anomaly of the peritoneum beyond this adhesion.

In old women we sometimes find more extensive impermeability of the canal of the tubes, which must be attributed to senile atrophy.

The *consequences of strictures and occlusions* of the Fallopian tubes vary accordingly as the anomaly affects either the entire tubes or only limited portions.

Strictures due to flexions of the tubes may either wholly hinder the reception of the ovum, or arrest the latter in its passage to the uterus, and thus give rise to tubal pregnancy. The same may occur in occlusions of the interstitial portion of the tubes, in which case we have the occurrence of so-called interstitial pregnancy. Partial occlusion of the uterine orifices may also lead to similar results, the possibility of the passage of the spermatozoa through the opposite tube to the ovary of the affected side being at present conceded as undoubted.

Complete impermeability of both tubes of course removes the possibility of conception.

Kiwisch and Förster mention the occurrence of occlusions of the tubes from thick and viscid mucus. I have never observed such a condition. Partial occlusions of the abdominal orifices may give rise to distention of the tubes from accumulated secretion.

DISTENTION OF THE FALLOPIAN TUBES WITH MUCUS OR SERUM: HYDROPS TUBARUM.

Distention of the Fallopian tubes is generally the consequence of catarrhal inflammation of their mucous lining extending to the peritoneum of their fimbriated extremities, and giving rise to the adhesion of the latter in the manner already described. If at the same time their uterine orifices be partially or wholly occluded by tumefaction of the uterine mucous membrane, and accumulation of the secretion, and a corresponding distention of the tubes will be apt to ensue the mucous membrane being in a condition of hypersecretion, and the muscular walls in a state of inflammatory paralysis. However, distention will occur without inflammatory hypersecretion if the abdominal and uterine orifices are closed, and the mucous membrane continues to secrete its normal mucus, its secretion in such cases having no escape.

According to the location of the stricture or occlusion, either the entire canal of the Fallopian tube may be distended, or only its extremity. The more frequent distention of the latter portion is to be attributed to its larger calibre, and perhaps also to the fact of the slighter development of the muscular wall of this portion.

The natural attachments of the Fallopian tubes and their relations to the peritoneum will explain the alterations of the form of tubes thus affected. If the entire canal of a tube is distended, its course will be acutely tortuous and twisting, which latter, however, considering the limited elasticity of the peritoneum of the tube, must readily give rise to flexions. Above the points of flexion the tube distends into one or more sacs, thus producing, in highly developed cases, cyst-like cavities separated from each other by the intervening walls, which latter are composed of the duplications of the tubal wall. The recorded cases of alveolar tubal sacs must be explained in this manner. If only the outer third of the tubal canal has been distended, an oblong sac is formed which depends either anteriorly or posteriorly, unless it has been otherwise displaced by false membranes.

Very rarely the distention is limited to the uterine half

of the tube, in whlch case it is never very considerable. Distension of the tubes is sometimes enormous, and I have seen cases in which the sacs attained the size of a child's head. Although we connot deny but that in isolated cases distention may be still more excessive, still, if we consider the statements of other writers, it is evident that ovarian cysts have been mistaken for tubal dropsies. Thus Muniker mentions having found 110 lbs. of fluid in a tubal dropsy; Murat, 112 lbs. (the walls of the sac being the thickness of the finger,) Harden, 140 lbs., and Cyprianus, 150 lbs.

The walls of the Fallopian tubes undergo various changes from distention, chiefly atrophy of their muscular walls. I have often searched in vain for muscular fibres; even in the flexed portions or folds between the distentions they were also absent. The mucous membrane also degenerates into a thin *serous membrane*, which in marked cases is covered with a single layer of pavement epithelium. Thus the polymorphous striated cylindrical epithelium of the tubes has been metamorphosed in a manner similarly observed in the excretory ducts of other organs. On opening the outer or abdominal extremity of a distended tube we will sometimes find the fimbriæ projecting like small cauliflower excrescences into the distended cavity of the tube. In some cases also we meet with papillary excrescences of connective tissue from portions of the mucous membrane (Rokitansky.)

Rokitansky has made the interesting observation that in rare cases the lining membrane of a tubal sac is transformed into osteoid scales. I have only once met with such a case, in which there were several groups of yellowish, scaly, ossified particles.

In excessive distention of the Fallopian tubes distinct separations are found between the different distentions, which are either caused by pseudo-membranous adhesions, or are due, as I presume, to the fact that such portions of the tubal walls resisted the distention.

Scanzoni mentions that he has observed cases in which from five to six occlusions were found in one tube, which consequently, was distended into several large and small sacs. I have met with no such case, and it may be supposed that deep indentations separating cavities apparently distinct from each other, may have been considered occlusions, although it is impossible to deny the possibility of such an occurrence.

As regards the *contents of such tubal sacs*, they generally consist of a clear yellowish limpid serum, and even in the larger sacs it is rare to find other contents. In many cases crystals of cholesterine are found in large quantities. In the

slighter degrees, however, the contents are brownish, or a greenish brown, or ink black color, from the admixture of blood, and at the same time thick and ropy. The source of the hemorrhage is from the blood-vessels of the tube, which, however, in extreme cases of distention are also atrophied. The circumstance that in dropsy of the tubes, almost without exception, only metamorphosed blood is found, points to an occurrence of the hemorrhage at an early period of the disease. It is only in aged females that we frequently meet with chocolate-colored contents, coincident with considerable rigidity of the arteries.

Froreip distinguishes two forms of tubal dropsy—dropsy in which both the abdominal and uterine orifices are closed, and dropsy in which the the uterine orifice is permeable. I am quite convinced that the uterine orifice need not be occluded to produce tubal dropsy, and that after the fluid is subjected to a certain amount of pressure a slight cause may make the contents of the sac flow into the uterine cavity. This condition has been termed *profluent dropsy of the tube.* Kiwisch did not consider such cases published before him as authentic, and Förster likewise expresses a distrust in older observations. But Rokitansky considers this process undoubted, and Scanzoni describes a case in which the right tube was dropsical to the size of a goose's egg, and the left forming a loose sac the size of a hen's egg, containing a few drachms of sanguineous fluid, and connecting with the uterine cavity by a canal about 1½ inch long, and 6 lines in width. I have repeatedly found similar conditions in aged females, and in every case the contents of the distended tubes were mixed with blood. I presume the hemorrhage originated in the following manner: After evacuation of the sac, and the excessive pressure of the walls being suddenly removed, hyperæmia of the blood-vessels occurring in consequence of diminished resistance, followed by rupture and hemorrhage from rigidy of the vessels.

From these conditions it is evident that in many cases evacuation of the sanguineous contents of the tubal sacs may occur periodically, and I am inclined to consider statements of menstruation occurring in the later years, after a long cessation, as profluent dropsy of the tube. Thus Heyfelder relates a case in which menstruation reoccurred in a woman aged 78 years, after a cessation of 26 years. Braun observed its occurrence, after 20 years' cessation, in a woman aged 71 years. (*Wurtemburg Med. Correspond. Bl.* 1855, Bd. iv.) But the most remarkable case is that mentioned by Robt. Semple, in which a woman aged 80 years,

after a cessation of 40 years, again menstruated regularly during 3 years. (*London Med. Gazette*, vol. iii., Jan. 1835.)

The Fallopian tubes may also be distended by an accumulation of blood and pus. In the latter manner, what have improperly been called tubal abscesses have been produced. Of both the above conditions we shall treat hereafter.

Tubal dropsy is frequently bilateral, often developed to the same extent and with similar disposition of the sacs. The latter are generally turned backwards, behind the broad ligament, having sunk into Douglas's sac, and placed one above the other; sometimes one is impacted into the space mentioned, which is consequently deepened. More rarely we find the distended tubes rising from the pelvic cavity, forming large tumors at the pelvic brim. Generally, and almost without exception, false membranes are found extending from various points of the pelvic peritoneum, and causing manifold alterations of position and form of the distended tubes.

The *consequences of tubal dropsy* are those of simple occlusion. When large sacs are formed they may occasion inversion of the vagina and displacement of the uterus.

Here I may mention Guerin's remark that in vaginal injections air may penetrate through uterus and Fallopian tubes into the peritoneal cavity, which is confirmed by the case of Guillier. (*Gaz. Med.*, 1857, p. 13.)

A Medical Handbook for Mothers, or hints for the management of health and the treatment of the disorders common during pregnancy and infancy, by Alfred C. Pope, M. D., London. Henry Turner & Co., 77 Fleet Street, London, 1873.

This is a clearly printed 12 mo. volume of 244 pages. It contains some good directions, but one of the first our eyes fell upon when opening the book is extremely awkward. On page 73, where piles are treated of, the author says:

"When arising from the pressure of the womb upon the lower bowel the matter is somewhat less easy to deal with. Relief is sometimes afforded by applying an ointment of *Æsculus hippocastanum* in the proportion of one part of the pure tincture of Æsculus to ten parts of Spermaceti ointment."

Æsculus cerate is made readily enough by merely adding enough of beeswax to Æsculus oil, (Olive oil 9 parts, Æsculus 1 part,) to give it consistence.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

"HAHNEMANNIAN" HYPERCRITICISM.—The "Hahnemannian Monthly of July, 1873, publishes under Editorial notes the following:"

"AN ESSAY ON THUNDER AND SMALL BEER."*—*QUID RIDES?* It is no laughing matter, this traveling of tobacco *or any other drug* in such "goodly companie." Behold certain high-toned medical journals of professedly advanced tendencies and promising reformatory proclivities for the body—and for the tail! The announcements of all matters of "*Cincho-Quinines*," "*Iodoforms*," "*Elixirs*," "*Bitters*," "*Fluid Extracts*," *et id omne genus! O Tempora, O Mores!* What a kite and what a bob! Homœopathy the progressive and Allopathy the conservative! Journeying to the promised land, it is apparently necessary not to forget the fleshpots of Egypt; so we take them along with us, conveniently arranged in the rear along with the baggage. How fraternal the opponents; how delightful the "Union," and how well illustrated the doctrine of correspondencies, videlicit, the *law of similars*. Aforetime the "sugar-coated pills" have responded to the homœopathic globules; already the little "granules" and minuter "dragees" answer to the infinitesimal pellets. But a new thing caps the climax,—the "SANDAL-WOOD-OIL CAPSULES." The royal puzzle of the apple and the dumpling is re-presented, *ad captandum vulgus;* and homœopathy holds out the right hand of fellowship.

Do you ask, O reader, which is the "thunder" and which the "small beer"?

Then listen to the editorial voice,
"Let me but whisper in your ear
The secret of this mundane sphere,—
'You pay your money and you take your choice.'"

"Go it husband, go it bear," exclaimed the benevolent old lady whose conjugal partner grappled with pugnacious bruin; and when our journalistic sham-fight is over, "the lion and the lamb shall lie down together," and the lamb shall be inside the lion! For homœopathy thus constantly sold out in supplementary journalistic advertising sheets, and betrayed betimes in puffs and other editorial notices and devices, is like the lamb led to the slaughter. It is written, indeed, that "His pet lambs shall meet him on the way," but the knowledge is not withheld that

"The cat doth play,
And after slay."

Timeo Danaos et dona ferentes, the honest old Roman said, many years ago, and the event proved the prophetic wisdom of his apprehensions. But these medical captains of the new school welcome with outstretched arm the Greeks fruitful in advertising cash. These leaders' pockets

* Advertisements. Am. Journal of Hom. Mat. Med., etc.
" Am. Hom. Observer et al.

jingle with the enemy's gold. A solemn warning should be drawn by them from the melancholy experience of the late Congress, many of whose members had transferred their allegiance from their country to the "Credit Mobilier" and received the cash therefor *unbeknown to themselves.*

Allons donc ! Vive l'ombug ! Let neither editors nor publishers, therefore, refrain from "spoiling the Egyptians" as much as possible *now* for allopathy, having purchased our journals with advertisements and demoralized our practitioners with nostrums, shall crow lustily over the downfall of homœopathy, and there will be no need to inquire which is the thunder and which the small beer.

REPLY OF GENERAL EDITOR AMERICAN OBSERVER.

If the writer of above will point us to an instance where this journal has advertised any *nostrum*, during the ten years it has been published, we will acknowledge our fault. Cincho-quinine is referred to. This is no more a secret remedy than Quinine. Its composition has never been kept from the profession. (Read the article upon the next page. "*What is Cincho-quinine?*")

We have refused :

1st. To sell space in cover, etc., to Advertising agents to fill with such advertisements as they wished.

2d. We have refused to advertise Humphrey's specifics, because they are rightly classed with nostrums.

3d. We have refused to advertise the *Home Bitters*, although the advertisement was recommended and the bitters endorsed by one of the professed "purists."

4th. We refuse to print the advertisement of any nostrum (secret, special, proprietary or patent medicine,) no matter whether it pretends to be homœopathic, allopathic, or eclectic.

We admit advertisements of Messrs Warner & Co., because they refer to regular pharmaceutical preparations, the formulas of which are all published. We think it is just as legitimate to advertise them as to advertise the Dispensatories or Pharmacopœias that give the modes of preparation.

Finally we offer to compare our course of ten years in relation to advertising, with any medical journal, homœopathic, allopathic, or eclectic. We challenge our critic to point to the journal which contains less objectionable advertisements. If he cites his own, then we ask why, in the same number which contains this criticism, he advertises "*Jenichen's High Potencies.*" Where is the formula for them published? Where are they made? Who makes them? How? Are they nostrums or legitimate preparations?"

The *Amr. Jr. of Homœ. Mat. Med.*, of Philadelphia, advertises proprietary medicines.

The *Medical Union*, of New York, advertises "Hurlburt's celebrated Homœopathic Tracheal Drops" as "*The certain cure for all irritations of the air passages,*" *etc.*

The *Curopathist* advertises "Cumming's specific as the only certain and speedy cure for baldness," etc.

Am. Jr. of Obstetrics advertises "*Tarrants Seltzer Aperient.*"

We cannot afford space to make further references. For advertisements of nostrums and quack remedies the Hahnemannian's critic may look to other medical journals than the Observer. And while his pen is in order we trust he will not forget the religious newspapers who so generally prostitute the use of their columns to quacks of every grade.

WHAT IS CINCHO-QUININE?

This question is often asked by physicians who have not been made acquainted with the nature of this important agent, and therefore we republish the following article, which appears in the *Boston Journal of Chemistry* for June, 1869, and which presents in a clear and explicit manner its nature and uses :—

The chemical manipulation of the Cinchona or Peruvian barks reveals the presence in them of quite a number of most remarkable complex bodies. No vegetable production, except the poppy, affords such a marvellous combination of valuable medicinal principles as the *loxa* and *calisaya* barks, and no substances have been studied with greater care or more intense interest by chemists. Nothing short of the subtile chemical forces controlled by the Infinite One could construct from the elements of the earth and air a bitter principle like quinia, or those other agents associated in bark, so closely allied to it physically and chemically. A handful of the finely comminuted fibres of the yellow bark, which resembles physically a dozen other varieties, is made to yield by the chemist, when treated with aqueous and alcoholic liquids and acids, a dark, bitter solution, unattractive in taste and appearance. If the process is skillfully conducted, or exhaustive in its results, there remains, besides the solution, a portion of woody fibre, inert and almost tasteless. It holds considerable coloring and some waxy matter, together with a little tannin ; but the active chemical or medicinal principles have been removed, and are held in the dark liquid. The exhausted bark is not entirely worthless, for it may be dried and used as fuel. But what of the dark liquid? From this the chemist obtains, besides other substances, a portion of beautiful, white, silky crystals ; not wholly of one distinct kind, but of several, all of which possess about equal chemical and therapeutical importance. No wonder it seems to the uninitiated in chemical manipulation a difficult work to perform. It is, however, quite easy to the thoroughly instructed. The first principle isolated may be the quinia. This is not held in the bark in its naked alkaloidal condition, but locked up, in the form of a salt, with another principle called *Kinic acid.* In the bark it is *Kinate of quinine.* We isolate the quinia, tear it from its embrace with Kinic acid, throw that away, force it into a kind of matrimonial alliance with Sulphuric acid, and in this condition of *Sulphate of quinia,* use it as a medicine. This Kinic acid marries into several other families resident in

the bark, prominent among which are *Cinchonia*, *Cinchonidia*, *Quinidia*, etc. Precisely how many of these alkaloidal principles the different kinds of bark contain, is unknown ; but it is safe to assume that there are as many as four others which, although not distinctly pointed out, are tolerably well recognized. These *kinates* are all *kinated* in nature, and all labor to the same end, when isolated and set to work as therapeutical agents in the human system.

In one hundred ounces of good yellow bark, we obtain about two and three fourths ounces of Quinia, and two ounces of Cinchonia, with variable amounts of the other principles, but less than the two named. It is to be regretted that we cannot remove the different families of kinates from the bark in their natural state of saline combination. It seems reasonable to suppose their action upon the system would be more salutary than is other forms. It is easy to isolate the Kinic acid, and having the alkaloids, the Kinates of quinia, Cinchonia, etc., can be re-formed ; but in these chemical changes so much disturbance to natural organic combination is made, that, practically, we realize no marked advantages. It seems unnatural to force a natural alkaloidal base out of its association with an organic acid, and recombine it with a mineral acid. This we do in the preparation of the Sulphate of quinia. However, as it has served so good a purpose for many years, it is not best to quarrel with the theory.

All the alkaloids of bark possess about equal febrifuge and tonic properties, when isolated and administered in that condition. This has been proved over and over again by all competent chemists and physicians, from Drs. Gomez, Duncan, Pelletier, Canventou, down to the time of Liebig's researches, a quarter of a century ago, and from that time to the present by a hundred careful chemists and medical observers.

How the one alkaloid, quinia, came to supersede the others, and drive them into the background, is easily understood, when we remember that it was about the first that was distinctly eliminated, studied, and experimented with ; and the *eclat* it acquired caused everything else to be neglected. The natural bark, holding all the alkaloids, the quinia, cinchonia, quinidia, etc., has always been observed to produce more efficient and prompt results, both as a tonic and febrifuge, than the quinia, or either of the other principles in themselves ; but holding also, as it does, tannin, gum, starch, fibrin and coloring matter, all of which are medicinally interfering or inert, its use is rendered inconvenient and inadmisible in many cases. Besides, it is apt to produce disturbance of the gastric functions of an unpleasant character. Acting upon the idea that the natural alkaloidal principles of bark, in their simple, unchanged condition, separated from the gross, woody, and other matters, would better subserve all therapeutical ends than the barks themselves, or *any one* of the alkaloids separately employed, Cincho-Quinine has been prepared.

Cincho-Quinine contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids :* 1st, Quinia ; 2d, Cinchonia ; 3d, Quinidia ; 4th, Cinchonidia ; 5th, other alkaloidal

principles present in barks, which have not been distinctly isolated, and the precise nature of which are not well understood. In the beautiful white amorphous scales of Cincho-Quinine, the whole of the active febrifuge and tonic principles of the Cinchonia barks are secured without the inert, bulky lignin, gum, etc. It is believed to have these advantages over Sulphate of quinine :—

1st. It exerts the full therapeutic influence of Sulphate of quinine, in the same doses, without oppressing the stomach or creating nausea. It does not produce cerebral distress, as Sulphate of quinine is apt to do, and in the large number of cases in which it has been tried, it has been found to produce much less constitutional disturbance.

2d. *It has the great advantage of being nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly than Sulphate of quinine. Like the Sulphate of quinine, the price will fluctuate with the rise and fall of barks, but it will always be less than the lowest market price of that salt.

4th. It meets indications not met by that salt.

ASIATIC CHOLERA.—We heard of some cases of Asiatic Cholera when we were in New Orleans in May. It shortly after visited Memphis, and has been gradually working its way from Nashville, St. Louis, Cincinnati, Columbus and Cleveland, up to Detroit. Its ravages so far have been much less than previous visitations.

Dr. Chas. P. Hart, writes us from Wyoming (near Cincinnati,) Hamilton Co., Ohio. "I have already had several cases of so-called Sporadic Cholera. I hardly know how to characterise the complaint. That it is the Asiatic Cholera in a modified form there can be no doubt. That it is Sporadic in any other sense than that of being scattered I do not believe. All the characteristic symptoms of Cholera asphyxia are present, in most cases, such as rice-water discharges, (appearing exactly like boiled rice, not the simple watery discharges of Cholera Morbus,) the peculiar condition of the surface, (as though soaked in soap suds,) the burning of the stomach, (like coals of fire,) spasms, either local or general and especially of the calves, and in fatal cases (none of which, however, have occurred here in the country,) the same profound collapse of the system. I am satisfied that it is absurd to call these cases "Sporadic" in the sense of being fresh from atmospheric influences, or depending entirely upon local and accidental causes, like Cholera Morbus, although, like the latter, they are generally excited by imprudence in eating or drinking. Notice how the disease has traversed steadily up the river from New Orleans, following the grest water courses, as in former nstances."

"Happily, the disease so far, is comparatively mild and manageable. Camphor, Mercurius and Ipecac., in the first stage; Camphor, Verat.

and Carb. veg., in the second and third, with intercurrent remedies to uit the peculiar conditions and changes of each case, have so far proved eminently successful."

"HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.—The "*Medical Record*" says: The bill establishing two chairs of homœopathy in the University of Michigan has become a law. So far as the present Faculty is concerned, the question is simple, shall they abandon their posts (which will result in placing the whole school in the hands of the homœopaths, and so ruin one of the best institutions in the country,) or shall they maintain their ground and continue to teach truth right in the face of error, and without reference to the punctillious etiquette, miscalled ethics, which would make them turn tail to a mere shadow and desert their proper work and duty? We say to them, as Sumner said to Stanton, 'Stick!'"

To which the "*New York Medical Review*," (Eclectic) replies:

So say we also. But what convenient terms these are, when bread and butter are at stake; "punctillious etiquette," "miscalled ethics," etc. We certainly hope that our good brethren of the old school will "Stick," and thus show their good sense. If the educated men of all schools of medicine would meet and discuss fairly and fully their respective theories, error would be much more rapidly dissipated and truth established. We should care less for sect and more for science. But suppose they do "stick," what will be their status before that August body, the American Medical Association? Will they be cast out as professional outlaws, having no rights that their brethren are bound to respect? If not, what will become of the "Code of Ethics?" A good-natured friend at our elbow suggests that perhaps the Association may grant their "indulgences."

As the Regents lacked back-bone the actual connection of homœopathy with the University has been still further deferred. If the homœopaths of Michigan are wise enough to profit by past mistakes their final success will be certain.

PROF. SMALL'S ADDRESS.—The address of the President of the American Institute as printed in our present number pp. 414—423, will certainly repay attentive perusal. Many good points are well made and finely stated, but it is to be regretted that a paper of practical value and literary merit should be marred by such statements as the following: "*Our colleges have thus far fought a good fight and have kept the faith.*" "*It is for this Institute to point out the principles and practice of homœopathy so plainly, that the way-faring mongrel, though a fool, need not err therein.*"

What Dr. Small desired to say and teach is correct, but the way of stating his views by perversion of scripture was in very bad taste.

Hearth and Home.—American Agriculturist.

The Publishers Messrs Orange, Judd & Co,, of New York, are furnishing to their subscribers both these excellent journals for $4.00 for one year.

Many of the chromos which are sent out by different papers are the merest daubs, and no person of taste deems them worthy of preservation.

The "*Strawberry Girl*" and "*Mischief Brewing*" issued by Messrs Orange, Judd & Co., and given to every subscriber to above journals, are pleasing and artistic pictures of decided merit, and we do not hesitate to commend them, as well as the excellent journals with which they are issued as premiums.

The Christian Union, J. B. Ford & Co., 27 Park Place, New York.

Henry Ward Beecher, continues to edit this journal, evincing talent in the editorial chair equal to that he has so signally shown in the pulpit. The weekly visits of the "*Christian Union*" are as welcome as any exchange : we are always sure to find something readable and interesting.

DETROIT MICHIGAN : MORTALITY FOR JUNE 1873.—Total number of deaths 195, being 50 more than for June 1872.

Infants 82, Children 28, Adults 85.

Principal diseases :—

Consumption, - - -	20	Fevers, - - -	11
Convulsions, - - -	13	Scarlatina, - -	12
Debility, - - - -	23	Still born, - - -	12
Dropsy, - - - -	10	Teething, - -	11

NEW YORK STATE HOMŒPATHIC MEDICAL SOCIETY.—The Semi-Annual Meeting of the State Homœopathic Medical Society, will be held in the city of Brooklyn, Tuesday, September 9th, 1873, at 10 o'clock, A. M., An address of welcome will be delivered by his Honor the Mayor in behalf of the city, followed by an address from the President Dr. E. Darwin Jones, of Albany.

Special Reports may be expected from the following Bureaus :

Materia Medica. S. Lilienthal, M. D., "Narcotics in relation to Nervous Diseases." *Surgery.* W. Tod Helmuth, M. D., "Plastic Surgery." *Opathalmology.* T. F. Allen, M. D., "Hydrops Retinæ." *Psychology.* Samuel Worcester, M. D., "Emotional Insanity." *Gynæcology.* A. P. Throop, M. D., "Uterine Surgery." *Pædology.* H. C. Houghton, M. D., "Aural Diseases in Children." *Pharmacy.* H. M. Smith, M. D.

MARITAL.

TALCOTT-MUNGER– At the residence of the brides father, June 10th, by Rev. C. W. Adams, Selden H. Talcott, M. D., and Sarah A., daughter of Dr. E. A. Munger, all of Waterville, N. Y.

REMOVALS.

ABELL.—Dr. D. T. Abell, from Darlington, Wis., to Sedalia, Mo.

BOWMAN.—Dr. B. Bowman, from Chambersburg, to Harrisburg, Pa.

COMPTON.—Dr. J. A. Compton, from Muncie, to Indianapolis, Indiana.

UNDERWOOD.—Dr. H. A., from Bedford to Chambersburg, Penn.

Reviews and Book Notices.

A Practical Guide for making Post Mortem examinations, and for the study of Morbid Anatomy, with directions for embalming the dead, and for the preservation of specimens of Morbid Anatomy. By A. R. Thomas, M. D., Professor of Anatomy in the Hahnemann Medical College of Philadelphia, etc., etc. etc. Boericke & Tafel, Philadelphia, 1873.

"Nor could any one readily imagine how extensively internal organs are altered in diseases, especially chronic diseases, and what monstrosities among internal parts these diseases engender. So that I venture to say that the examination of a single body of one who has died of tabes, or some other disease of long standing, or poisonous nature, is of more service to medicine than the dissection of the bodies of ten men who have been hanged."

HARVEY :—*The First Anatomical Disquisition on the Circulation of the Blood, Addressed to Jo. Riolan.*

Among those *Epistolae Ho-Elianae* of which Thackeray was so fond we find one written to Sir John Smith, from Trevere, on the 10th of April 1622. As the work under notice recalled to us this especial letter, we quote a portion of it.

"That wonder of *Nature* is a Church Monument, where an Earl and a Lady are engraven with 365 children about them, which were all delivered at one birth; they were half male, half female; the basin hangs in the church which carried them to be christened, and the bishop's name who did it; and the story of this miracle, with the year and the day of the month mentioned, which is not yet 200 years ago; and the story is this: That Countesse walking about her door after dinner, there came a begger woman with two children upon her back to beg alms, the Countesse asking whether those children were her own, she answered, she had them both at one birth and by one father, who was her husband. The Countesse would not only give her any alms, but reviled her bitterly' saying, it was impossible for one man to get two children at once. The begger woman being thus provoked with ill words and without alms fell to imprecations, that it should please

God to shew his judgment upon her, and that she might bear at one birth as many children as there be days in the year, which she did before the same year's end, having never born child before." *

As Howell was the first Englishman (he was a born Welshman) who made literature a professed means of obtaining a livelihood, we have given his orthography and punctuation as a literary curiosity.

Alas, Doctores, only a little more than four centuries ago our predecessors saw "children, half male, half female," in a crop of uterine hydatids! Verily it seemeth that Prof. Thomas hath unhappily chipped the egg four hundred years too late—at all events, he can now perceive what a splendid occasion for the sale of his book has gone by; and if this isn't an argument in favor of *early rising* then just give us one.

But history sheweth that there was no Prof. Thomas "around" in the days when this profuse *Countesse* fecundated to such an extent. She, and her liege lord, and their "365 children" were doubtless nestling under that "Church monument" when, at Florence, in 1507, the enterprising *Antonius Benivenius* issued his *de additis nonnulis ac mirandis morborum et sanationum causis*—a quarto destined to become famous in Medical history as the first work on Pathological Anatomy. Over a century elapsed before England made a contribution to this branch of medical science. This event transpired at London, in 1661, when *Walter Charleton, M. D.*, physician in ordinary to Charles II., published *Exercitationes Pathologicae novis Anatomicorum inventis sedulo inquirentur*. We have to thank Samuel Pepys for a pleasant glimpse of this English Pathologist, "July 28th, 1866. To the Pope's head where my Lord Brouncker and his mistress dined, and Commissioner Pett, Dr. Charleton, and myself, were entertained with a venison pasty by Sir W. Warren. Here very pretty discourse of Dr. Charleton's concerning Nature's fashioning every creatures teeth according to the food she intends them; and that man's it is plain, were not

* Epistolae Ho-Elianae. Familiar letters, domestic and foreign, etc. By James Howell, Esq. Sect. 11, p. 14, Second edition, London, 1650.

intended for flesh, but fruit, and that he can at any time tell the food of a beast unknown by the teeth; and that all children love fruit, and none brought to flesh, but against their wills, at first."

Fancy the doctor, cheeks distended with Sir W. Warren's savory "venison pasty" and the while decrying "flesh" for man! This book of his came out four years after the death of Harvey, and it reminds us of the grevious loss inflicted upon English medical literature by the untimely disappearance of the Mss. of Harvey's often mentioned *Medical Anatomy*.

"I also intend putting to press my Medical Anatomy, or Anatomy in its application to medicine. Not with the purpose, like Riolanus, of indicating the seats of diseases from the bodies of healthy subjects, and discussing the several diseases that make their appearance there, according to views which others have entertained of them; but that I may relate from the many dissections I have made of the bodies of persons diseased, worn out by serious and strange affections, how and in what way the internal organs were changed in their situation, size, structure, figure, consistency, and other sensible qualities, from their natural forms and appearances: and in what various and remarkable ways they were affected. For even as the dissection of healthy and well-constituted bodies contribute essentially to the advancement of philosophy and sound physiology, so does the inspection of diseased and cachectic subjects powerfully assist philosophical pathology. And, indeed, the physiological consideration of the things which are according to nature is to be first undertaken by medical men; since that which is in conformity with nature is right, and serves as a rule both to itself and to that which is amiss; by the light it sheds, too, observations and affections against nature are defined; pathology then stands out more clearly; and from pathology the use and art of healing, as well as occasion for the discovery of many new remedies, are perceived. Nor could any one readily imagine how extensively internal organs are altered in diseases, especially chronic diseases, and what monstrosities among internal parts these diseases engender. So that I venture to say, that the examination of a single body of one who has died of tabes or some other disease of long standing, or poisonous nature, is of more service to medicine than the dissection of the bodies of ten men who have been hanged." *The fiirst Anatomical Disquisition on the Circulation of the blood, addressed to Jo. Riolan.*

With such eyes for seeing, such a contempt for theories, such a simple and earnest reverence for the *thing as it is* one can not estimate the loss incurred by the mischance which deprived the press of this treasure.*

[Just here it occurreth to us to remark that if any reader of this book notice is at all pressed for time he will do well to postpone the perusal hereof unto some more convenient season. We are never in a hurry, and on this especial occasion, having gotten the *bouquet* of old books in our nose, we mean to enjoy it at our own sweet will. If the reader is one of those "practical" men who will not, or can not share our delight, we commend him to the good fellowship of the ass—a very *practical* vertebrate which prefers a thistle to a cabbage, and turns from a rose to feast on "*The blossomed furze, unprofitably gay.*"]

Did you know, *old* book-loving reader, that, in Shakspeare's time it was customary for the country clergy of England to combine in themselves both the priest and the physician? One of these functionaries both preached and practised at Strtaford-on-Avon, during the years 1648-79. One would imagine that some thirty odd years of a dual fight with the flesh and the devil would have kept our hero so busy that he would at last "die and leave no sign." It could not have been the fashion for a doctor in those days to use the arts of a New York merchant's "drummer" in order to get patients, if it had been, this priest doctor could never have found time (as he did) to fill seventeen duodecimo columns with manuscript remarks on theological, medical, and controversial

---

* Alas, and not our only loss. "And whilst I speak of these matters, let gentle minds forgive me, if, recalling the irreparable injuries I have suffered, I give vent to a sigh. This is the cause of my sorrow:—whilst in attendance on his majesty the King during our late troubles and more than civil wars, not only with the permission, but by command of Parliament, certain rapacious hands stripped not only my house of all its furniture, but what is subject of far greater regret to me, my enemies abstracted from my museum the fruits of many years of toil. Whence it has came to pass that many observations, particularly on the generation of insects, have perished, with detriment, I venture to say, to the republic of letters." *On Generation*, Exercise LXVIII.

Confound the whole pack of the psalm-singing idiots—let them be *anathema maranatha* in spite of all the "nice points" that Carlyle writes of them!

subjects. The editor of the original *Mss.*—which are the property of the *Medical Society of London*—says:

"The original remarks made by Mr. Ward, prove him to have been a man of good sense,* and, as regards the practice of medicine in advance of the age in which he lived, while his graphic descriptions of surgical operations, at which he appears to have assisted, present a more lively and interesting picture of the degree of information possessed by medical men, and display their mode of practice more accurately than any work printed at the time."

During the dates of this *diary* medicine in England boasted of such names as Harvey, Sydenham, Clayton, Mayerne, Willis and Bates, and we will take advantage of the recorded *post mortem* examinations to get a glance at the pathologico-anatomical knowledge enjoyed two centuries ago.

"Anno. 1666. Mrs. Townsend being dead of a cancer, Mr. Eedes and I opened her breast in the outward part and found itt very cancerous; itt had been broken, and a mellicerous part was yet remaining when wee saw it, which being launct, yielded two porringers full of a very yellow substance, which came out plentifully, out of the cavities of the breast. The flesh that was growne againe, after part was [had been J.] taken out. was of a hard gristly substance, which seemed very strange. The ribs were not putrefied as we could discerne, nor anything within the breast of a cancerous nature, for we runne the knife withinside the breast through the intercostal muscles. Dr. Needham hath affirmed that a cancer is as much within as without the breast, and hee hath seen a string, as I was told, going from the breast to the uterus. I suppose itt was the mammillaire veins full of knotts which were cancerous, and hung like ropes of onions. The cancer was a strange one, as was evident; wee wanted spunges and other things convenient, or else wee had opened the cavitie of the breast."

"A child which Dr. Stevens dissected, had, as they supposed, a nothum hepar, or something of a great bignes, adhering to the concave part of the liver, but upon searching,

* As a specimen take this: "Since the fomes in feavour does not consist in plethoric, but in cacochymia, what reason cann there be why blood should bee let, unless itt can bee supposed that only the corrupt blood comes forth; for if an equal part of one comes forth with the other, it will not hold for phlebotomie." *Diary of the Rev. John Ward, A. M., Vicar of Stratford-upon-Avon, etc., etc. Page 243, London, 1839.*

We give the title because some reader may say (with honest *Nick Bottom.*) "I shall desire you of more acquaintance, good Master Ward."

it was found to be nothing but the outward tunicle of the kidney, thrust forwards, extended so farre, and filled with water. The child died because it could not discharge its urine. A stone was found filling up the pelvis of the kidney, and with a sharp point stopping the point of the kidney."

"I saw Mr. Gwinne, of our house, dissected, but could perceive nothing in him that might cause his death; his spleen was somewhat flacceid, so was his heart, and one of his kidneys; but his lungs had some kind of schirrhus in them, and in those schirrhi, a sabulous kind of matter, but that could not kill him. They pretended he had a contusion of the liver, in regard that the concavitie of it was a little strained; but possibly it was nothing but the settling of the blood when death came. *There was a membrane coming from his side to his lungs, which some ignorant people would have interpreted a growing of the lungs to the side; but Mr. Boghill said he had seen it several times in sound men that were opened.** His heart was exceedingly large, almost as large as the heart of an ox, not perisht at all."

Master Ward was evidently not "up" in the pathology of pleurisy, Mr. Boghill *ditto*. The finding of such a *membrane* "in sound men that were opened" suggests the *painlessness* of pleurisy pure and simple. In his work on Myalgia, Inman plumes himself upon having first observed this feature of simple pleurisy. But in the year of grace, 1696, Geo. Baglivi issued his *Practice of Physick*, and on the 67th page of the English edition (London, 1704) is the following:

"Pleurisies are frequently unperceived because they are painless, and this gives rise to gross mistakes in the way of practice. In order to discover these occult and indolent Pleurisies, make the patient lye down upon his right side or left side, and after he has fetched his breath with force, and coughed once or twice, ask him if in breathing or coughing, he felt no pain or heaviness in any part of his breast; and assure yourelf that a Pleurisie is seated in that place where he feels the pain or heaviness."

We must not be hard on Messrs. Ward and Boghill for their incomplete pathological knowledge—it was at least on a par with the Theory and Practice of their day, as we now crave space to show.

---

* The italics are ours, and the occasion of them and of this note is the delight we take in plucking a jackdaw whenever opportunity offers.

CAP. VIII.

OF THE PLEURISIE.

DE PLEURITIDE.

PLEURISIE, to speak exquisitely and properly, is an inward inflammacion of the upper skinne girding the ribbes and the sides. In latine it is called *lateralis dolor*. Neither is it rashely added to speake exquisitely and properly. For throughe many tormentes and throughe meates grosse and flegmatike there doe engender humours that be could, crude, grosse and viscous in the bodie, which often tymes do place themselves by and by in the voide place of the breast, or in the lounges yt self, and by reason of there multitude, they stretch out the upper skinne, girding the sides within, and cause pain.

The plurisie which is an inflammation of the upper skinne, which girdeth the sides within, is caused of aboundance of hote bloud, flowing unnaturally to the upper skinne aforesaid within. The signs hereof are difficultie of breathing, the cough, a continuall feaver, vehement pricking paine, a hard pulse, and sharpe like a sawe. And if his spittle be redde and bloudy, it signifieth bloude to have dominion, if it be yellow and subpale, choler hath the mastery, if it be white and froathie, fleume ruleth, if it be blackish, it betokeneth blacke choler to have the mastery, or melancholie." *The Melhode of Phisicke, conteyning the causes, signs, and cures of inward diseases in mans body from the head to the foote. By Philip Barrough. Lib. II, Cap. VIII, pp. 65, 66. London, 1583.*

"A woman opened in Oxford, who died of a kind of dropsie as was supposed. Dr. Conyers opened her, and found very strange things. Her liver and stomach and her duodenum, and some other of her intestines, with her kidneys, were got up into her breast, and that without any dilaceration of the diaphragrm. It is supposed they came through the hole through which the gullet passes. She died in much torment, yet was well and in the market not long before her death. She was much given to vomiting, and whether that might not cause it is uncertain. Dr. Conyers took out of the woman's bellie three buckets full of water, and afterwards went about to distill a good deal of it, but he found very little of it rise, not above three or four spoonsfull, the rest when it settled turned to a kind of slime or mucilage when it was cold." *(Op. cit.)*

We sincerely trust the gentle reader is in good patience for we have yet to record one old-time *post mortem*, the omission whereof were a sin of which we will not be guilty. Old, brown, and stained is the paper, pale the ink, and somewhat blurred the type, but reverently will we decipher every word

because they tell of the first man who ever *saw* the transit of the blood from artery, through capillary, to vein.

Surely, it is not our fault if the mention of this fact suggests something else. To tell this something else we are obliged to quote again, so you see, good reader, we are not to blame for all these citations. "Harvey left the doctrine of the circulation as an inference or induction only, not as a sensible demonstration. He adduced certain circumstances, and quoted various anatomical facts which made a continuous transit of the blood from the arteries into the veins, from the veins into the arteries, a necessary consequence; but *he never saw this transit;* his idea of the way in which it was accomplished was even defective; he had no notion of the one order of sanguiferous vessels ending by uninterrupted continuity, or by an intermediate vascular network, in the other order. This was the demonstration of a later day, and of *one who first saw the light in the course of the very year when Harvey's work on the Heart was published.*" *

This "demonstration of a later day" was done by *Marcellus Malpighi* on the lung of a frog with the microscope. Fancy the delight of this industrious anatomist when this the most beautiful of microscopical "fields" burst upon his astonished gaze! Harvey had "gone over to the majority" some six years when this happened—no microscopical *demonstrations* of the circulation for him—still he must have seen it even before Malpighi, for where he had gone, six years before the Italian physician had his grand revelation, none see "as in a glass darkly" but with a vision that spurns the weak aid of an achromatic combination.

"Harvey" says Willis, "left the doctrine of the circulation as an inference or induction only." True, but the very year that he published this induction gave birth to him who should crown induction with demonstration. O Reader, did it ever occur to you that He who is the source of truth takes care of it?

Frog's lung reminds us of a piece of work done by Malpighi,

---

* The Life of Harvey. By R. Willis, M. D., p. xli. Proem to The Works of William Harvey, M. D., Sydenham Society.

and, surely, it isn't our fault if this involves another quotation. Here it is, but alas, our printer's font will not give you the rich fatness of the black-letter type of the original.

"THE USE OF THE LUNGES.

Whose use is, as the anathomistes rightly write, for the coolyng, and refrigeration of the hart: this effect beyng wrought, by the bringyng of cold ayre unto it. And who likewise knoweth not, that the same both serveth to inspiration, expiration, and voyce.

A NEW USE OF THE LUNGES.

All which offices, of right appertaining to the lunges, I can prove by the testimony of every anathomist: since herein, as with one consent, they accord and joyne together: but severally *Collumbus* addeth one of great effect and not touched heretofore of any other. For it is (sayth he) the preparation, yea almost the generation of vitall spirites, which are perfected in the hart. That is to say, the inspired ayre it receiveth, through the mouth, and nostreles, it beyng brought, by the conceriance of the rough arterie through the substance of the lunges: the which instrument ceasseth not to mixe the same ayre, with that blood, which is brought unto it, by the arteriall veyne, from the right ventricle of hart. For, this same arteriall veyne, beside that it bringeth bloud, for nourishment, is so large, as that it may serve for other use also. And this bloud by styrring, through the continuall movyng of the lunges, is made theirine, and together with the ayre mixed, which thus, by the same refraction, and beatyng together, is prepared: so that, the ayre, and bloude, together mixed, are received by the braunches of the veniall arterie, and at length, by the trunke of the same veyne, sent into the left ventricle of the hart: but so well mixed, and attenuated together, as that to the hart, small labour at all is left: after which small elaboration, the hart (as it were) laying to the last hand, to the makyng of the vitall spirites, that by means of the great arteries they might be distributed to all the partes of the body it was most requisite."*

John Banister goes on to tell us that this "late invention of *Collumbus*" took mightily with all save those who had "sworne themselves to the decrees of Galen and Vesalius." Well, it was Malpighi who, by his mercurial injections and his inflated and dried specimens, gave the *coup de grace* to this "invention of *Collumbus*," and decently interred the doctrine of "vital spirits."

*The History of Man, sucked from the sap of the most approved anathomists, in this present age, compiled in most compendious forme, and now published in English, to the utilitie of all godly Chirurgions, within this realme, by John Banister, Master in Chirurgirie, and Practitioner in Physicke, *Fol.* 91, London, 1578.

Now let us see how the soul of this grand old anatomist emigrated.*

"Having been intimately acquainted with Dr. *Malpighi* at *Bologna*, and waited upon him in his last illness at Rome, I shall here oblige the learned world with a history of the disease, and an account of the dissection of the corps of that excellent anatomist.

"*Marcellus Malpighi* was of a constitution that tended to a dryness, an indifferent habit of body, and a middling stature. He had been subject for many years to vomitings, bilious stools, palpitation of the heart, stones in the kidneys and bladder, pissing of blood, and some light touches of the gout. Upon his coming to *Rome*, all these disorders were inflamed; especially the palpitation of the heart, the stone in the kidneys, and the very sharp biting night sweats. Such was the condition of *Malpighi*, June 25th, 1694; at which time he was seized, in the 66th year of his age, about 1 o'clock in the afternoon, with an apoplexy."

"Ushered in with care, passions of the mind etc. The apoplexy was attended with a palsie of the whole right side, and a distortion of the mouth and right eye. Presently we tried several remedies, particularly bleeding in the left arm. If it had not been for the contrary sentiments of the physicians that consulted with me, I would have ordered the blood to be drawn from the paralytic arm; upon the Consideration, That the defective Circulation of the fluids in the part affected, is not retrieved by any speedier method than that of opening a vein in the same; as it appears plainly from the mechanical principles of Resistance and Motion. We prescribed at the same time scarrified cupping glasses, to be applied to the shoulder blades; the powder of *Cornachini*, *Sinapismus's* to be applied to the soles of the feet; and several other spirituous, cephalic, and specific remedies; by the use of which, after struggling 40 days with a long train of grevious symptoms, particularly a light-headedness, a *capiplenium*, and other accidents, he got clear of the apoplexy and palsie, and the above mentioned symptoms. But as evils use to spread and gain ground, so this famous man suffered much more by the foregoing disease in his memory and reason, and *melted into tears upon the slightest occasion.* He was troubled by intervals

* "Emigravit * * * * * * *
Dead he is not,—but departed—for the artist never dies."

with inappetency, a want of digestion in the ventricle, a subsultary motion of the muscles, and slight fits of a giddiness. In fine, being worn out with these and other symptoms he was seized, Nov. 29th, with a fresh fit of an apoplexy, after the injection of a customary glyster in the morning. This new fit was ushered in by a grievious *vertigo*, with a fit of the stone in the bladder for eight days, and an exasperation of the above mentioned symptoms. But the apoplectic fit was more dismal than all the other symptoms, for in spite of all remedies whatsoever, he died four hours after the invasion."

"*The Dissection of the Corps.*"

[This follows in the work we are citing; but when one has quoted a pregnant passage must one stifle the reflections which arise, and all for the sake of some hurry-skurry of a reader who has never learned to chew the cud of thought!

"Melted into tears upon the slightest occasion." 'It was high time to go home—to seek refuge where the pristine soul may not be perturbed by the decaying shell. Why should the most civilized nations have the greatest dread of death? Surely, this famous anatomist, racked for eight days with a fit of stone—the poignancy whereof Michael de Montaigne's garrulous pen hath fully writ—must have yearned to cry quits, and leave his miserable body forever, now that it was no longer of any earthly use to *him*. While one can't helped being touched by the quaint recital of this great man's misery, still the thought unbidden comes that if Democritus—he that was of Aberdita, dissecting in the shade when Hippocrates came to prescribe Hellebore—ever laughs, it must be when he beholds a physician, one of the guild, tortured, as poor Malpighi was, by the science of his fellows."]

"In dissecting the corps, I found the right part of the lungs somewhat shaggy and livid, especially the hinder part, that adheres to the back. The heart was larger than ordinary, especially the walls of the left ventricle, which were as thick as the breadth of two fingers. The gall in the gall-bladder was very black. The left kidney was in a natural state, but the right was half as big again as the left, and the basin of it was so much dilated, that one might easily thrust 2 fingers into it. Perhaps this dilation of the pelvis was the occasion that as soon as the stones were bred in

the kidneys, they presently slipt into the bladder, and so sprung out from thence; which our excellent friend had frequently owned to me to be a matter of fact. In the bladder we found a little stone that had descended thither four days before the invasion of the last apoplectic fit, and by its descent exasperated his last vertigoes. The rest of the natural *viscera* were very well conditioned.

When I opened his head, I found in the cavity of the right ventricle of the brain, an extravasation of about 2 pints of black clotted blood which was the cause of his apoplexy and his death.

In the left ventricle we found about an ounce and a half of yellowish water, with a small quantity of little grains of sand mixed with it. The blood-vessels of the brain were dilated and broken on all hands. The whole compass of the *dura mater* adhered tenaciously and præternaturally to the *cranium*. And this is the sum of what I observed in dissecting his corps, *Dec.* 7th, 1694." *

[Again availing ourselves of the privilege of venting such thoughts as are occasioned by a quotation, we make haste to observe that this *post mortem* of Baglivi's has made us wish that we could read the *post mortem* of all those invariably distinguished homœopathic physicians whose *ante-mortem* self-examinations will soon appear in all the glory of one hundred and twenty dollar likenesses on steel. Verily, the world does move. What old slow-coach of the dead past ever enjoyed the pleasure of filling his pipe, cocking up his heels, and reading his own life! And more than this, finding no one sentence in all that life which can disturb his complacency! The benefit of correcting ones own "proof" we have often experienced, and we can imagine what advantages must accrue to him who can now have an opportunity to correct and amend his own proof of his own life.

Really, each contributor to this unique volume has a fearful responsibility resting upon him, and it is to be hoped that not one of them will neglect his duty. The responsibility is the getting up of a model Biographical Cyclopædia, and with such a license as is allowed the opportunity must be availed of with religious fidelity.

* Baglivi. *Op. cit.*, pp. 401-63.

It will be a rare book to read, for it is to be a series of ideal biographies. We shall see each contributor as he wishes to be seen not as he is—and as God is popularly supposed to have made most men, we shall see how far these contributors will improve upon the divine plan in their individual instances. We are led to this opinion by happening to be on a visit at Dr. A's. when he got the "proof" of his "life" from the mail. We are pleased with the likenesses on steel; they will add an immense value to the work. We read the said "life" and certainly should not have dreamed of its being our old friend's had it not been for the accompanaying likeness on steel. I thought I *knew* Dr. A. We were classmates in college, and bedfellows in a boarding-house famous for the profusion of its oyster pies, and the beauty of its landlady's daughter. But A. didn't relish my comments on the "life." Said he, "Müller, you never *knew* me; few do; but to that few my 'life' is as the image in a mirror." We feel sorry for A. and for an hundred others, because the knowing *few* will be so *few* that those auto-biographers will be sorry strangers to their own relations, and entertaining fictions to their own families.

We are very full on this topic and could continue this pleasant babble for an hour or so, but we started to notice Prof. Thomas's book, and we dismiss this beguiling other book with the benediction of a motto for its title-page:

"SOME MEN HAVE GREATNESS THRUST UPON THEM."

With this brief introduction we turn from the rusty tombs of the dead centuries to the fresh looking volume under notice.

Some books are like bear's cubs—requiring to be licked into comeliness. This volume is not so uncomely, but it is one which can be much rounded-out by a series of editions: for which we hope the demand will come. So far as pertains to morbid anatomy, Prof. Thomas has compiled very extensively, and it is easy to say of which of his authorities he has the most freely availed himself. The work from which he has drawn his chief supplies has long been a favorite one with us, and in this matter we are bound to endorse Prof. T's. judgment.

The scope of the book is sufficiently extensive to answer the purpose for which it is designed, and should any one charge it with incompleteness they need only read the preface to know the author's design; and having learned this they can but confess that he has done his work well. It is "a guide for making *p. m.* examinations," does "give hints as to what is to be looked for," and will "aid in recognizing the various morbid appearances." The directions for opening each grand division of the cadaver are clear and thorough, and could have been written by only a *facile princeps;* which means, dear reader, *one who has been there himself.* We must especially commend the rubric NOTICE, in each chapter. Let the green hand give due attention to this feature of Prof. T's. book and he will soon learn to value the work as highly as it deserves.

Chapters IV, V, are alone worth the price of the book to many a practitioner. We are grateful for them as they are, but we commend them to the especial fostering care of the author in the hope that a second edition of the volume will give them greatly enlarged.

Why is it that the number of physicians who can make a neat *post mortem* examination is so small? Any butcher can cut up a carcass, but to open the sanctuary of a soul fitly is not the work for a butcher. We trust that the advent of this volume will mark the dawning of a new day.

As Prof. T's *opus* will find readers chiefly among the younger members of the profession, we shall make bold to offer a suggestion, which is that, in a new edition he shall append to each article a copious bibliography. Let him who wants to learn know where he can learn; and when one works *con amore* he need only be *shown* a field to exhaust it. *South's translation of Otto's Compendium of Human and Comparative Pathological Anatomy* is rich in authorities, and *Craigie's* pages can be gleaned with advantage. As a complete p. m. examination involves a microscopical let the bibliography also include microscopical literature.

We mention these matters earnestly because it is possible for this book to be the *point de depart* of a order of things in our school. Kafka, Bähr, Meyhoffer, Goullon, and Buchner—to say nothing of sledge-hammer Grauvogl—are revolutionizing the traditional literature of Homœopathy; and from the first Homœopathic College in the world comes "A Practical Guide for the study of Morbid Anatomy." Let the work go on, for there is a rich harvest to reap.

We do not now write to the Rip Van Winkles of homœopathy, let them sleep on undisturbed, but we do appeal to the open-eyed, wide-awake, onward-moving, and *thinking* undergraduate. From Physiology, Pathology and Pathological Anatomy, our Materia Medica must, and will, receive its grandest development. Its symptoms to-day are like coins dropped from the mint with no value stamped thereon, and until we can interpret our symptoms into their pathological equivalents we must go on doing our solemnly-responsible work with undetermined quantities.

There be some who will deem this a departure from the faith, and mayhap the very man who will condemn us can do with the Nitrate of silver all that Grauvogl has ever done. These very men care little about the "Carbo-nitrogenoid,' generalization, but if pure symptomatology enables us to do with the remedy all that they have done, and if to the *doing* we read Bogolowsky's researches * and add *the knowledge of what we have done*, are we then recreant to our high calling?

We shall watch the sale of Prof. Thomas's book with profound interest; we shall hail the demand for a second edition as one of the gladdest of omens, because as it will find purchasers chiefly among our younger men, we shall learn from its sale how well our colleges are noting the signs of the times and how faithfully and thoroughly they are doing their work. S. A. J.

* Virchows Archiv, VI, 4, 1869. Practitioner (English,) Vol. III, p. 65. Hughes's Pharmacodynamics, 2nd, Ed. p. 96.

Interlinear Translation of the Sacred Scriptures, with grammatical and critical notes, by Dr. Leonard Tafel, New York, Dr. Rudolph L. Tafel, London, and L. H. Tafel, Philadelphia. Philadelphia: L. H. Tafel, 635 Arch Street, London: David Nutt.

The first part of the *Greek Text* (Price $1.50) is received. This contains 180 large octavo pages, including Matthew, from first to twenty-fourth chapters inclusive.

The learned editors say:

"The chief object of offering to the public this interlinear translation of the Bible, is to afford a ready means of obtaining an exact and thorough knowledge of the words of the ancient languages, in which the divine truths of the Sacred Scriptures were clothed, and thereby facilitating a correct understanding of those truths themselves. To exercise the right of private and independent judgment in matters of revelation, one needs to know the language in which revelation is given. Without such knowledge, the judgment will be dependent upon the interpretation of the words of revelation given by others, and by so much will neither be private, that is to say, one's own, nor independent. It is believed that this knowledge will be acquired without great difficulty, and in a comparatively short period of time, by means of the present work."

"In translating the words of the ancient languages, we always give the primary and fundamental meaning, the derivative meaning being furnished by the notes in the appendix, when necessary; moreover every Greek word is constantly translated by the same English word. By always rendering the foreign words by the same English term, the words and their meanings become intimately wedded together, and remain fixed in the memory. The same rule is followed in representing the grammatical forms of the words in the original, by which their functions in the foreign sentences are indicated. Greek nouns are always rendered by English nouns; genitives, datives and accusatives, by genitives, datives and accusatives; verbs by verbs, retaining the tense and moods of the original."

"In order to facilitate the understanding of the translation, the words which are not necessary to the sense in the English are included in *parentheses*, while the words inserted to complete the sense are given in *brackets*. More comprehensive explanations are in such instances given in the Notes, and wherever the foreign construction is not in conformity with our own, the reason of the difference is given, the construction being deduced from and explained by their peculiar manner of viewing and representing things."

"From what has been said above, it will be seen that this translation differs essentially from other interlinear translations. Frequently in such works *one* word in the original is translated by various English terms, the terms chosen in each instance being such as may seem most suitable to

the context. The grammatical forms are also generally altered, and the constructions transformed into such as are more in conformity with the English. Such translations, however, give neither a faithful picture of the foreign idiom, nor a good English version. They fail to lead the student to an exact knowledge of the signification of the words, or to a correct understanding of the grammatical forms of the original. Such translations do not produce anything more than a superficial knowledge of foreign languages, but by our method the student cannot fail to acquire a thorough knowledge both of the primitive meaning of words, and of their grammatical forms."

In our March number we referred to the first part of the Old Testament, (Hebrew text No. 1.) The publishers propose to publish the Hebrew and Greek parts alternately. Price for each of the single parts of the Old Testament, two dollars ; for the single parts of the New Testament, one dollar and fifty cents. Subscriptions are also received for the Old and the New Testaments separately. Price of single parts of the Old Testament to non-subscribers, three dollars ; of single parts of the New Testament to non-subscribers, two dollars. As an inducement they offer to every one sending the names of six subscribers a seventh copy free. It is expected that every three months one part will be issued ; due notice will be given of the completion of each successive part to every subscriber, when, on remitting the stipulated price, the respective parts will be sent by return mail. Business communications should be addressed in the United States to Rev. L. H. Tafel, 635 Arch street, Philadelphia ; in England to Rev. R. L. Tafel, 14 Rothbury Villas, Stroud Green Lane, N. London.

We take especial pleasure in recommending this work to all of our reader who are interested in the study of the scriptures in the original languages of inspiration.

The Christian Union, J. B. Ford and Co. Publishers, 37 Park Row, New York City.

We made a reference to this excellent weekly in our August number (page 448), and in the same issue we recommended the Hahnemannian's critic (p. 444) to attend to the religious papers who so readily advertise for the quacks. We now notice the *Christian Union* again, because our attention has been drawn to the fact that this paper *will not receive medical advertisements of an objectionable character.* We honor both publishers and editor for the example they have thus set to their religious contemporaries, and trust that ere long the columns of every religious periodical will be closed against all patent medicine vendors.

Books, etc., for review should be addressed "*American Observer*," Detroit, Michigan.

Clinical Observations.

W. S. SEARLE, M. D., BROOKLYN, N. Y., EDITOR.

RUBEOLA VERSUS VARIOLA.

BY J. SAVAGE DELAVAN, M. D., WASHINGTON, D. C.

The two diseases are so different in their symptoms, so vastly unlike in their progress and severity that it would seem folly to compare them. Every physician knows the symptoms, progress and termination of each of them, and to mistake one comparatively mild disease for another, the most loathsome and dreaded of all eruptive fevers, would seem to be an impossibility.

It is proposed in this paper to give the history, progress and termination of a case judged by the attending physician, (myself) and others who saw the case with me to be Variola, and only declared to be the milder malady on the second day of the eruption.

To premise. It is known to most physicians who will read this paper, that we have had during the past winter, quite an epidemic of Variola in Washington. It may not be also known that late in the winter, measles also prevailed to quite an extent both among children and adults. Cases are recorded where patients have been sent to the small-pox hospital with diagnosed Variola by professional gentleman well known, and justly celebrated for skill and caution in diagnosis, which have proved to be *Rubeola* and returned after a day to their homes.

CASE. W. R———, aged 14 years, nervous temperament. Taken sick in February with chills, pain in bones, *no coryza*, general malaise, no *great localized pain in back*. His mother reports that he had measles three years ago. Eruption appeared extensively on the face the third day, with *distinct* pustular appearance. Being doubtful about the case, an eminent professional friend saw the boy with me. He pro-

nounced it Variola. Could not believe it, as the premonitory symptoms did not seem to me to have been severe enough to warrant such an extensive rash which if it were small-pox would have been confluent. On close examination, however, I agreed in his opinion.

At my request an expert, a gentleman who has studied the disease carefully, and to whose care and skill in vaccinating thoroughly, we owe much of our comparative freedom from the dreaded disease at present, and who has probably seen more cases of Variola than any physician in the district, saw the case with me in the afternoon.

He was unable to pronounce certainly upon the disease, but his opinion was, measles. Two or three district pustules were present.

I watched the case carefully as may well be imagined, as it was in my own family. In the evening the eruption changed, its pustular form disappeared, and the true measles declared itself with coryza and many other of the prominent symptoms of Rubeola.

There is nothing further to remark on the case, which progressed favorably to convalesence in the usual time.

In closing, a few remarks will be appropriate.

1st. I have found that when Variola is epidemically present, *other* eruptive fevers take on the pustular form, and it is sometimes externally difficult to diagnose the disease in the first stage.

2d. Great care should be taken, especially by the young practitioner in pronouncing a diagnosis before he is sure *beyond a doubt.*

In the above case, we quarantined the patient and his attendant, and kept them apart from the rest of the household. *I would do the same again in any doubtful case.*

Another peculiarity was absence of the usual premonitory symptoms of Rubeola, the coryza etc. only appearing 4 days after the symptom declared itself.

There is nothing in this case new as to treatment, but I have imagined that in presenting it to my medical brethren as a *mistake* in diagnosis, they might perhaps be guarded from a

like error. I hold it a *duty* for physicians to report *errors* as well as successes.

THAT VERATRUM VIRIDE TONGUE.

Dear Doctor Searle :—Allow me to add my testimony in favor of the trust worthiness of the Veratrum virde symptom. "A tongue with a red streak through the centre and coated sides" as a "key note" in practice.

Was called to see Robert G——, æ 35 years, who had been suffering from a high fever and pain in the bones. Made the ordinary prescription, but next day found the patient much worse, and a well developed case of inflammatory rheumatism, with much swelling of the knee and ankle, pains increased by motion or contact. The tongue showed the peculiar "streak" and "sides." I prescribed Veratrum v. θ, in drop doses every hour.

Twenty four hours later I found my patient sitting up moist skin, tongue partially cleared, pains and soreness nearly all gone. Prescription continued at longer intervals, and on the third day the trouble was ended.

The success of the remedy in this case was as much a surprise to the patient and friends as to myself; but while homœopathy received their benisons, mine were lavished on Veratrum v. and Dr. Searle.

Later I found Mrs. B——, æ. 55 confined to her bed with a severe attack of bilious pneumonia. High fever, vomiting, face flushed, bounding and quick pulse, labored breathing, purulent expectoration and considerable clear blood. She had the "red streak" and the case looked bad. My prescription was the Veratrum v. θ given as before. I never was more *therapeutically* astonished in my life, to find on my next visit 24 hours later; the tongue cleared off—the fever down—the respiration easy, the expectoration free and muco-purulent, and the general condition improved. She made speedy convalesence with Phosphorus, Mercurius etc.

Veratrum v. and I are now good friends.

Fraternally, H. M. DAYFOOT, *Mt. Morris, N. Y.*

FATAL CASE OF CROUP.

REPORTED BY T. C. HUNTER, M. D., DUNKIRK, N. Y.

I will give you some clinical experience, although it is not very common to report unsuccessful cases. Yesterday at 11 A. M., I was called to see a child which was said to have caught a severe cold and to be hoarse. I found a plump well developed boy of one year of age—parents healthy—suffering with a most severe coryza, excoriating the upper lip, with lungs filled with mucus and a severe dry whistling cough which seemed to give pain. The child had been given honey until it vomited, also warm lard had been applied to its chest. It vomited mucus quite frequently. It had had the coryza two weeks, but had only been troubled with the cough since some time in the previous night.

I diagnosed croup, but whether true or false could not then decide, as no membrane could be seen. Gave Spongia 1st every half hour, called again in two hours and found the child growing rapidly worse. Concluded it was membranous croup on account of the hoarse whistling cough with rattling wheezing, and gave Bromine 30, a dose every hour.

In ten minutes there was great relief, and so continued until four o'clock, when the case changed for the worse, gave Brom. 200, and at 5 P. M., finding no response, gave the much vaunted Kaolin 6th every half hour. At four P. M., the coryza suddenly ceased and also the rattling of mucus in the lungs, and a kind of sawing respiration set in which induced me to give the Kaolin. At 7 P. M., counsel was sent for, but before the arrival of counsel the child had a spasm of suffocation, face and hands became purple and immediate death seemed certain. I then gave a remedy which had helped me out in two similar cases and which are reported in one of the earlier volumes of the Observer, and which I see has been used by others with success. This remedy was Bromine θ 4 drops in ½ a teacup of boiling water, and the cup held so that the patient was compelled to inhale the steam, but the relief

which I had found in the other cases did not come. There was partial relief, but the membrane had not been destroyed, as in the other cases. When counsel came Aconite 3d and Stib. crude, 1 grain in 2 oz water each, was given or rather tried to be given, but the child spit out every drop as fast as given.

I then administered the fumes of Bromine again with no better result, and followed that by Iodine θ administered in the same way, but with little result except to smooth the passage across the dark river. At midnight the child died.

Bromine administered in this way is a severe remedy and I think should not be used except as a last resort.

CARBOLIC ACID IN RHEUMATIC AND NEURALGIC PAINS.

BY E. C. PRICE, M. D., OF BALTIMORE, MD.

About the first of last November I had a severe attack of rheumatic pain in the *left* shoulder and right hip joints. It felt as though it would be *impossible to raise the arm;* but when I made the effort, *it increased the pain but very little.* The pain in the hip appeared to be in the posterior part of the acetabulum. I had been subject to attacks of rheumatism in the shoulders at times for about twenty years. They generally continued about two weeks, and on one occasion lasted all winter, in spite of all the remedies I could take. In 1869, while proving *Carbolic acid*, I had just such a pain in the *right* shoulder joint, but I do not remember having had it since then.

My former experience with the usual remedies not having been very satisfactory, I took, on retiring, a few pellets of *Carbolic acid 3x* dilution.

The next morning the pain in the shoulder was nearly gone.

The pain in the hip had changed from the posterior to the anterior part of the acetabulum, and was decidedly worse. Took another dose; during the day I was quite lame when walking, but by evening was a great deal better, and next day well. Took but two doses of medicine.

On the 13th of Nov. Miss L. L. called to see me; was suffering with rheumatic pain in the *right* shoulder. Does not hurt

to move the arm. *Carbolic acid 3d x* relieved her very promptly. On the 28th of January, 1873, she came back again with the following symptoms: Pain in top of right shoulder. Aches like a toothache when she lies on her right side; does not hurt to move the arm. *Carbolic acid* again relieved her at once.

My wife has been suffering with acute aching pain in the outer part of the right knee joint; sometimes extends down the outer part of the leg, or beginning above the knee, it would extend up the outer part of the thigh, Seldom has it, in the daytime; comes on soon after going to bed; often wakes her up at night. The pain is so severe as to cause her to groan. Two or three nights got but very little sleep, on account of it. Sometimes attended with jerking of the limb, *Comes and goes very suddenly.* Lasts only a few minutes at a time. A few doses of *Carbolic acid 3x* relieved her for about a month when it returned in a milder form. A few more doses of the 10th has nearly relieved her again.

The following symptoms I regard as characteristic of *Carbolic acid*, according to my proving in 1869, as reported in the *Observer* of 1871: The pains feel like they would be increased by motion, but are not. The pains are sharp; they come suddenly and leave as suddenly, and last only a short time.

RANUNCULUS BULBOSUS IN CEREBRO-SPINAL DISEASE.

BY D. A. COLTON, M. D., CHICAGO, ILLS.

Mrs. E., widow, mother of three children, of nervo-bilious temperament, and about thirty eight years of age, had been actively engaged in nursing the sick and was habitually subjected to care and anxiety.

About 1st of June, 1872, she was troubled with sudden closure or dropping of the eyelids if she wanted to stir quickly." *Strychnine* and *Iron* were administered at different times, but without any particular benefit.

About the middle of Jan'y, 1872, she spent most of the day in unconsciously singing, humming or whistling.

February 1st, the eyes are involuntarily closed most of the

time. About this period a disagreeable numb feeling was experienced in the back about two inches to the left of the spine and in the region of the eighth, ninth and tenth ribs.

February 10th, eyes were entirely closed. The lids were brushed with *Iodine*, and *Strychnine* and *Iron* were again exhibited internally. Not able to sit up more than half an hour at a time. Feels best when first up in the morning, then very tired right around the waist.

February 16th, confined to the lounge days, but sleeps well during the nights. Has a good appetite; "just tired and restless days." About this time passed a great deal of water, from four to six gallons per day. Urine without color. Some twitching was now observed in the muscles of the face.

February 20th, "Had a fit of jerking" of muscles in lower part of face, in neck and upper part of chest, which lasted three hours.

February 21st, "could not catch a long breath," hands and feet cold. "Pulse slow and weak, but even." Not able to keep warm in bed. A throbbing and beating was experienced in the left side just below the ribs. The attendant thought an abscess was forming in that region.

February 24th, felt well while in bed, but could not sit up two minutes. On trying to rise the head felt as though it had gone to sleep. Urine scanty and dark in color. Eyes very sensitive to light. She wanted to keep the room darkened and the eyes closed.

March 15th, could not bear to have any one look at her, and wanted to be alone. If any one looked at her it made her head feel awfully. Had to clinch with both hands to keep herself in bed. Eyes better, but she "felt restless all over." Rather happy than otherwise; indifferent to things that had ordinarily made her feel bad. Urine "darker and thicker, with a cream like substance rising to the top." Evacuations light in color and without odor. The "head felt awfully at times, about the width of the hand from the forehead to the back of the neck." "It felt as though if the skull could be opened and the inside have room and air it would be all right."

March 25th, the head was better, but the lungs seemed to have taken on the same trouble that had affected it, and after hard day's work of oppressed breathing, the muscles of the face and neck came in for their share in the order of succession. The lungs were relieved, but "the head was jerked forward, and the muscles of the face became so contracted as to close the eyes; the teeth are set tightly together; the lips were so drawn apart as to leave the gums exposed. Gum Guaiacum and brandy were administered, but with no particular change for the better.

April 7th, she came under the treatment of Dr. P., and for several weeks she gained quite rapidly until, "after overdoing," she unfortunately relapsed into the condition in which I found her on July 21st, 1873.

At this time she was able to be up and around the house, but suffered from great depression of spirits, almost amounting to a suicidal mania, and from a constant twitching and jerking of the muscles of the neck and of the face and chest contiguous to this region. The muscles of the back, between the shoulders, also contributed to increase this jerking movement. The principal direction of the movement was to bring the chin directly, or from side to side, toward the chest. The sterno-mastoid and sterno-hyoid muscles were not unfrequently drawn into ridges by the tonic contraction of their fibres. The spasmodic action was increased by the presence of individuals and by talking. While talking if the shoulders were constantly moved up and down the spasm was considerably relieved and the articulations were easier.

The head was clear and free from positive pain, but almost constantly affected with the bad feeling above named. The digestion was apparently good and the bowels regular. The menses had been very nearly regular and attended with no marked symptoms, except an increase of the twitching during the time of the flow. The sleep was tolerably good after the spasm had subsided. This, however, not unfrequently lasted for several hours.

There was a marked indisposition to stand up for any length of time, also to walking, even about the house, sitting

and lying down were the only positions that were agreeable.

I should say that for several months before the marked spasmodic action occurred, she had been affected with a trembling movement of the body directly after retiring at night. At first she was unconscious of its being herself, and several different times got up in order to find out what made the bed rock so.

The symptoms have been thus stated *in extenso*, to enable the reader to form a judgment of his own in this case. Besides, I think, they point to morbid irritability of the cerebro-*spinal* system rather than organic affection of the brain as had been previously admitted to be the condition the most imminent.

This was a case that similated chorea and hysteria. It was like the former in there being an apparent want of richness to the blood and stimulation to the spinal cord, it had characteristics of the latter as due to an over-burdened mind and body, from care, anxiety and watching.

Suffice to say that the case has steadily and satisfactorily improved under the use of *Ranunculus bulbosus*, first and third, up to the present writing, August 12th, and there is a good prospect of a permanent recovery from the distressing manifestations that have been related.

GELSEMINUM IN ACUTE MANIA.

BY C. P. HART, M. D., WYOMING, O.

In the summer of 1869, while practicing in the Village of Y. S., Ohio, I was called upon to treat a case of Acute Mania, which possesses some points of interest to the profession.

The patient was a Miss M., of S., about sixteen years of age, and of the atrabilious temperament. After suffering several weeks with a protracted attack of melancholia, for which the remedies given were inefficient she was sent during the previous winter on a visit to relatives in Illinois in hopes that the change would prove beneficial to her health and spirits. Besides this, parties were given on her

account ; she was introduced into the society of the young and gay ; and everything which the love and skill of her relatives and medical attendant could suggest was done to wean her from her state of settled melancholy, but without avail. At last a severe paroxysm of acute mania set in, and the worst fears of her friends were realized.

Up to this time the catamenia were regular ; but, as frequently happens in such cases, they were now suddenly arrested, leading her friends to suppose that "taking cold" was the proximate cause of her insanity.

A skilful physician of the old school, Dr. K., formerly Ex. Off. of Brown Gen'l. Hospital, U. S. A., of the Surgical Wards of which the writer was Surg.-in-Charge, was called to treat the case. Regarding it as the result of a simple attack of catamenial suppression, he rang the changes in succession upon all the leading emmenagogues, from the simple Iron and Myrrh mix. to Ruta, Sabina and Tanacetum, but all in vain ; the paroxysms became more frequent and severe, until not even three stout attendants were able to prevent her doing injury to herself or others. After being subjected to the major therapia of the old school, including, of course, blistering, cupping and frequent purging, *secundum artem*, the papers were made out for sending her to the State Lunatic Asylum as an incurable. At this stage of the proceedings her mother in S—d, Ohio, was informed of her condition, who, with railroad speed, flew to her daughter's rescue, and with a mother's tact and management contrived to bring her to the house of a relative in Y. S. for homœopathic treatment.

Her condition at this time was truly deplorable. Greatly emaciated and weakened by the "heroic" treatment to which she had been subjected, she nevertheless possessed, during her paroxysms of frenzy, the strength of a giant. At such times not a stitch of clothing could be kept upon her. With blood-shot, protruding and ghastly eyes, dishevelled hair and wild demeanor, her portrait might well have passed for the witch of Endor. She talked and sang alternately, as the fancy seized her, but without connection of thought or pur-

pose. Her hands, feet and head were alternately cold and hot ; the temperature of the rest of the body was nearly normal. The tongue was loaded with fur, the bowels obstinately constipated, and the appetite capricious.

I first put her upon *Aconite* and *Belladonna* in alternation, but without effect. I then tried *Veratrum vir.*, but without the least perceptible benefit. Finally, regarding the case as essentially hysterical, the cerebral symptoms led me to prescribe *Gelseminum*, the effect of which was magical. She took drop doses of the θ every hour during the day for about a week ; the second week it was taken only half as often ; after that it was administered *ter die*. In less than three weeks the catamenia returned, and she was entirely cured, both of the mania and the melancholy, having had no return of the symptoms since.

Speaking pathologically, this case depended upon cerebral congestion, the functional derangement of the great nervous centers being secondary to that of the circulatory system, over which *Gelseminum* may be said to exert almost absolute sway. While this is true, also, of its congener, *Veratrum vir.*, it is interesting to remark that the latter seemed to exert no controlling effect whatever upon the paroxysms. This, doubtless, must be owing to the power which *Gelseminum* has over the nerves of motion, which it depresses and paralyzes. See Hale's *New Rem.*, sec. ed., p. 402, *et seq.*

CALABAR IN CEREBRO-SPINAL MENINGITIS.

BY C. J. WELLS, M. D., WHITEHALL, MICH.

Through your columns we wish to make favorable mention of the use of Calabar bean in the treatment of *Cerebro-spinal Meningitis*. Nothing in our hands has so speedily relieved the tetanic rigidity, retraction of the head, severe head ache, hurried and irregular respiration, and brought the disease to a happy termination as the above named remedy. The results have been equally satisfactory where there was also a rheumatic complication. I use Calabar bean every two

hours, and Ergota three drops every two hours.

P. S.—Since writing the above we notice that Dr. Hale has written something on the use of the Calabar bean in the treatment of Cerebro-spinal Meningitis, and consequently throw our scrap of testimony one side, desiring not to send it for publication ; but the more we test the remedy the more are we convinced that it is worthy of consideration, and that the public should have the benefit of our experience in its use.

GLONOINE IN HEADACHE.

BY W. H. WILLARD, M. D., NEWPORT, N. Y.

Miss S., a young unmarried woman of fair complexion, applied to me for relief from "headache," which she described as an almost unbearable sharp piercing pain in the left temple, which had afflicted her almost daily for months, various medicines had been tried without a grain of benefit. I gave her a few pellets of the twelfth potency of *Glonoine*, in a few minutes after swallowing the medicine she pressed her hands to her temples and cried out from aggravation of the pain, which, she said, was "piercing through her head making the pain worse," but in an instant more the pain disappeared entirely. One year has elapsed and pain has not returned.

CHOLERA IN NASHVILLE, TENNESSEE.

Its Character, Treatment and Results.

BY J. P. DAKE, M. D.

Since the appearance of cholera in this city, having received many letters from different parts of the country inquiring into its characteristics and treatment, and finding myself unable to answer them individually, I seek to give the desired information through your wide circulating columns.

ITS FIRST APPEARANCE.

During the latter part of May we were advised of its prevalence at Memphis and along the Mississippi River of a form of cholera morbus, quite sudden, rapid and fatal. Although the press, and even the physicians hesitated to call the disease cholera, I was satisfied it could be nothing less from information afforded me by Dr. Morse, of Memphis.

ut the 1st of June cases of the same began to occur in our city,

Abo

increasing steadily in number up to the 20th, and then decreasing so as to be nearly all gone by the end of the month.

ITS CHARACTERISTICS.

The disease differed from Asiatic cholera, as seen in years past, only in having, in most cases, bilious evacuations in place of the peculiar "rice-water." Generally there were first greenish, watery dejections, then vomiting of ingesta and bilious matter, followed soon, if not relieved, by collapse, with the usual cold surface and extremities, and blue, shriveled skin.

If the evacuations continued long unchecked, they sometimes became purely rice-water, but in many cases they were bilious to the last. In not a few cases the dejections were entirely rice-water.

Cramps in the abdominal muscles, and those of the extremities and other parts, were present in nearly all severe or fatal cases.

On account of the bilious evacuations, many physicians hesitated to pronounce the disease cholera, and hence it was often termed "the Prevailing," "the Epidemic," etc., in our newspapers.

Different theories were put forth regarding its origin and nature. Some regarded it as of malarial origin and type, and many as produced by the peculiar properties of the vegetable's in use, the spring having been unusually late and the vegetables less matured than usual, at the season they were brought into market. And the accumulated filth in the streets, alleys and yards of the city, was blamed for the terrible scourge.

I have observed and studied the disease in its different phases and stages, and candidly confess, that its *specific or essential cause, is yet unknown.*

No theory, brought forward, covers all the facts in the case—none is entirely satisfactory or reliable.

The disease is not a "congestive chill ;" it has attacked many not using the "immature vegetables," and it has invaded the cleanest parts of the city, some of the best kept homes, where there could be no "accumulated filth."

I have not hesitated to pronounce it cholera, and of a character as epidemic as it has generally been, on former occasions, in this country. The evacuations, especially in persons of a bilious temperament, were at first bilious necessarily, because it was at a season when bilious diarrhœa would be prevalent, if ever, and when people could scarcely have any unusual evacuations without exhibitions of bile.

In regard to the causes of cholera, I may repeat what I wrote nearly twenty years ago, after a careful study of the subject during the great epidemic at Pittsburgh. In the production of a case of cholera there must be three causes simultaneously bearing upon the individual, viz :

1. A *predisposition* to the disease.
2. A *specific cause,* more or less prevalent ; and
3. An *exciting cause.*

An individual may have a predisposition to such affections of the stomach and bowels, an irritability or a weakness in the alimentary canal; and he may exercise, or eat, or drink imprudently, and bring on diarrhea or cholera morbus; but he cannot have CHOLERA unless he is the subject of the *specific prevailing cause* of that disease.

Or an individual may have the *predisposition*, and be under the influence of the *specific* prevailing cause, and yet have no cholera; indeed, he cannot have it until the *exciting cause* is added.

Or, again, an individual may be subject to the *specific* cause of cholera, and may encounter a very sufficient *exciting cause*, and yet escape, if he has not also an individual *predisposition* to such an affection.

As a familiar example of what I mean I may say, that in the production of effervescence at the soda fountain, three causes are necessary—an acid, an alkali and water—and that the absence of either one would defeat the end desired.

The alkali and the acid, in a dry state, might dwell together for years, without the least effervescence; but the moment water is added, activity begins. Or the alkali and the water might gently mix and remain quietly together until the acid is introduced. Or the acid and water could exist in combination for any length of time without effervescence, till the alkali is added.

ITS AVOIDANCE OR PREVENTION.

Aside from the general cleaning up of the streets, alleys and yards of the city, the spreading of lime and coal tar, and an ordinance prohibitnig the selling of all vegetables in the market, save onions and tomatoes, no public or general measures were taken for the prevention of cholera.

Whether any, or just how much, good was effected by the efforts at cleaning and disinfecting and the prohibitory ordinances, none can tell.

One fact was very plain, as it had been in former visitations of cholera, that people who drank from springs of strong limestone water, or wells of the same, were more subject to the disease, than those using water from the river. And I may add that those using good cistern water were more exempt than those using the river water, especially when the latter was not filtered.

From my own observations, lately as well as formerly made, and from my views of the causation of cholera, I specify the following as the most important precautionary or preventive measures.

1. A cool sponge bath and brisk dry rubbing of the entire person every morning, on rising.

2. Usual avocations moderately pursued.

3. Avoidance of unusual fatigue or exposure to heat or cold, especially to currents of night air.

4. Avoidance of large draughts of cold water; also of food difficult of digestion, such as cucumbers, cabbage, green corn, onions, green beets

and beans, fresh fish, the flesh of young animals, eggs, rich pastry, candies, etc.

5. Avoidance of alcoholic drinks, especially of beers fresh made. Light still wines, such as Catawba, Ives' Seedling or Concord, may be used moderately at or after meals with benefit.

The best articles of food generally, during the prevalence of cholera, are beefsteaks, rare-broiled; beef, rare-roasted; mutton chops, broiled; good light bread, plain corn bread, "beaten biscuits," crackers; potatoes, full grown, well boiled or roasted or thoroughly mashed; tomatoes, fully ripe, well stewed with light bread or crackers; hominy and rice, well cooked; Japan or black tea, cistern or freestone water, moderately; very little milk or cream.

Of course general recommendations, such as I am able to give in a popular article, cannot suit every individual case.

Some of the articles allowed may disagree with a person here and there, invariably, and such a one should not therefore touch them. And some that are prohibited may be in no wise hurtful to certain individuals, and they may use them with impunity.

In the prevention off cholera or any other disease, the first duty of an individual is *to lessen the predisposition to it by an increase of the power of resistance in the organism*. This must be accomplished, as I have already indicated, by proper bathing, exercise and diet.

The second duty is, *to avoid exciting causes*, excesses in eating and drinking, and exercise or imprudence in the same. Fear is a very great exciting cause and cannot easily be allayed. Where it has taken very full possession of an individual, if possible there should be an immediate change of residence to a region not infested by the disease.

The third duty is *to prevent by anticipation, the inroads or attacks of the specific prevailing cause of the disease.*

In the avoidance of the loathsome small-pox, we have learned to anticipate, and so prevent the action of its specific cause by the use of vaccine virus.

And so in scarlet fever we have found a valuable preventive or modifier, in Belladonna.

And I am happy to say that there is also, acting upon the same principle, a preventive, a prophylactic for cholera.

As the vaccine virus acts upon the organism, through the blood, *in the same direction and in a manner similar to* the genuine variolous matter; and as Belladonna acts upon the organism, the mucous membrane, the skin and other tissues, in the same direction and in a manner similar to the genuine scarlatinal influence; *those remedies exhaust the susceptibility of the organism to small-pox and scarlet fever, more or less effectually and for a longer or shorter time.*

And precisely upon the same principle, and just as successfully, does

Cuprum metallicum (copper), properly prepared and used, exhaust the susceptibility of the organism to the *specific* cholera influence.

I have given it to thousands of persons during the prevalence of cholera in 1849, 1850, 1854 and 1873, as a preventive, and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant.

Dr. Burq, a distinguished French physician (allopathist), discovering that the operatives in copper works were almost universally exempt from cholera, when prevalent all around them, corresponded with the heads and managers of such establishments, in various parts of the world, and, in a learned paper on the subject, advocated the use of copper (*Cuprum*) as both a preventive and curative agent in cholera.

ITS CURE.

If, after all possible care, there is a concurrence of the causes we have mentioned, and the susceptibility of the organism takes in the cholera influence, all must be anxious to know something of the necessary means of cure.

Remedies must be suited to the various forms and stages of the disease. And before proceeding to mention the remedies best suited to the different forms and stages of cholera, I must mention some very commonly and most *unsuccesssully* employed.

Opium, in some form, is found in nearly every mixture and prescription for cholera, and yet it has no property or power making it a remedy for that disease. Because it has sometimes checked simple diarrhœa and may induce insensibility to pain, it has been clung to as a sheet anchor in the treatment of the terrible cholera, over which it can have no possible control. Under its strong influence there is depressed nervous and vascular action, where there should be exalted action, and a stagnation of blood in the capillary vessels, where there should be a brisk return, and thus by it a tendency to collapse, is established and harm done.

Pepper, *Ginger*, *Mustard*, one or all, may be found in nearly every cholera mixture in common use, notwithstanding that they have no curative power in cholera whatever. In the stomach and intestinal canal they heat and burn the lining membrane and adjacent tissues, till nature sends them all the fluids she can muster to "put out the fire." The serum, already leaving the blood to coagulate in the capillaries and veins, making the hands purple with the coming collapse, is thus poured into the alimentary canal and rushed more rapidly away.

Calomel, chiefly employed to substitute bilious for rice-water evacuations, has been widely used and most unsuccessfully. In 1830-1 it was employed and abandoned—praised and denounced alternately—the same in 1849, 1854, 1856, and I may add, in 1873.

Here in Nashville it has most signally failed, and its advocates have

been non-plussed by the glaring fact, *that scores of people have died with cholera, whose evacuations at first, if not all the time, were bilious.*

Quinine has been brought forward and here extensively employed both as a preventive and a curative agent in cholera upon the crazy hypothesis, that the disease is but a form of intermittent fever—"a mis-located, congestive chill."

It has been given by the spoonful to those wanting a preventive, and heads have reeled and ears have rung with its fever begetting stimulus.

And it has been injected under the skin, and its unfortunate subjects have died from its poisonous effects with few exceptions.

But let us turn to something more rational and effective.

The principle upon which we must select remedies, is not essentially different from that upon which we have obtained efficient preventives for disease.

As Belladonna is a curative agent in scarlet fever, and Cuprum in cholera, so must all agents be curative only as they bear a like relationship to the affection for which they are severally employed.

As I have stated Belladonna cures scarlet fever because it is capable of producing similar conditions or symptoms.

For the same reason cold water cures cold feet, lime-water and linseed oil lotion cures burns—*by exciting a curative reaction in the forces of nature.*

Nature must do the curing if any is ever effected. All that medicine can do is to arouse or excite her powers in the proper direction. Nature resists the cold application to the feet, by sending more blood and heat there, and so the cold feet are made warm.

(Lest persons seeing the names of the medicines I shall mention, be induced to go for such as they can find in ordinary use, and so get crude or large and poisonous doses, I will state distinctly that they *must be obtained only of dealers in homœopathic medicines.*)

Croton tiglium is the remedy for diarrhœa, when the discharges are copious, gushing and light colored.

Arsenicum Album.—When the discharges are copious, thin, of various colors, generally dark, very offensive attended with great thirst or nausea and prostration.

Veratrum Album.—When the foregoing remedies fail to stop the dejections, and when there is vomiting, sudden and violent, especially on taking cold drinks or moving, with great weakness and faintness.

Cuprum Metallicum.—When, with or without any of the symptoms above given, there are cramps in the muscles of the abdomen or limbs, or in the stomach. This remedy may be used at any stage of the disease in alternation with with one of the other remedies named. In alternation with Veratrum it has effected immense good.

Camphor.—When, during the prevalence of cholera, one has a feeling chilliness or sudden prostration, with nausea and faintness, take three

drops of the tincture every fifteen or twenty minutes till relieved. Also, if, after the use of other remedies, there is a tendency to collapse, with cold surface and extremities, feeble or faltering pulse, life may be saved by the use of three drops of Camphor every fifteen minutes, alone, or, if needed, in alternation with *Cuprum* or *Arsenicum*.

In regard to Camphor I must say that it has saved more lives, in jeopardy with cholera, than any other remedy in the world. Wherever Calomel, Opium and Camphor have been given in mixture, all the good effected in cholera has been due to the Camphor ; and the same might be said of all the other prescriptions and mixtures for that dreaded disease, in which Camphor has been a part.

ITS RESULTS.

The number of deaths from cholera here is not exactly known. It has been variously estimated at from 700 to 1,000. From the best information I can gather I believe it to have been not over 900. Of this number at least two-thirds were colored.

As the colored population here is only one-third that of the white, say 12,000, in a total of 40,000, it will be seen that from some cause or causes the disease was both more prevalent and more fatal among them than the whites.

One cause was, doubtless, a greater predisposition to the disease by reason of temperament and constitution, and another, their manner of living—green and poorly cooked vegetables being their chief subsistence, and limestone water their only drink.

Their settlements are almost invariably among the large limestone springs where the water is free from tax, their cabins huddled together, illy constructed and very damp.

In regard to remedies they went to extremes, taking either none at all or very large doses of destructive mixtures.

Nursing among them was very poor, the attendants exercising more in frantic prayers, singing and shouting, than the timely faithful care required.

I must enter a protest here against the charge appearing in many papers, that Nashville was more greviously affected than some other cities, by reason of local causes, general unhealthfulness, and a lack of sanitary care. This city, on the score of general healthfulness, is no surpassed by any city in the United States. From July 1st to January 1st its inhabitants have less sickness than the people of any city that I am acquainted with, and from January 1st to July 1st it is only the troubles incident to changes of temperature, save in June, when the first fruits and vegetables come into use.

Nashville is distinguished for the salubrity and mildness of its atmosphere.

There is no reason for severe visitations of cholera here save, as I have

mentioned, in its springs and wells of limestone water, and the manner of living among a portion of its population.

So far as modes of treatment or remedies are concerned I have already indicated some of the results.

Among the masses the cry at first was for powerful remedies and large doses, but before the close of the visitation it was changed. Thinking people with facts before them could not be long in coming to the conclusion that massive doses of poisonous drugs not only failed to stay the disease in its fatal progress ; but that they actually carried of with brain disease and fever many whose good powers of endurance had brought them through the cholera. Many learned the truth couched in the words "*die milde macht ist gross*," and turned for safety and relief to the gentle doses of *Cuprum*, *Veratrum* and *Camphor*.

I am satisfied *that the rate of mortality, under homœopathic treatment, was not half what it was under the allopathic.*

In a practice that kept me busy eighteen out of twenty-four hours, with a due proportion of cholera cases, I lost but one patient with cholera.

I do not mention this fact for personal gain, nor the success of homœopathy for partisan purposes, but in proof of the efficiency of the remedies pointed out by the homœopathic principle and in justice to medical science, and for the good of the people of all classes and everywhere. The course of cholera is onward, to the north, east and south of us, and I hope what I have written may prove a benefit to those who may be in its sad line of march.

RESIGNATION OF EDITOR OF CLINICAL DEPARTMENT OF AMERICAN OBSERVER.—Our readers will regret that Dr. Searle's professional engagemeuts compel him to resign his position on the staff of the *Observer*. He writes :

132 Henry street, Brooklyn N. Y., Aug. 18, 1873.

Edwin A. Lodge, M. D., My dear sir :—As far as you consistently can please relieve me from editorial work for the remainder of the year, and supply my place by some one else. I really have so much work that I cannot attend to this. Please look upon this as my resignation.

In taking leave of you in my editorial capacity I can only thank you sincerely for the uniform kindness and courtesy I have ever received from you and will wish you and the *Observer* God speed.

Yours sincerely, W. S. SEARLE.

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XIII.—CHRONIC BRONCHITIS.*

Sulphur is by far our most important remedy in this form of bronchitis. It is invaluable towards the conclusion of a case of acute bronchitis, and also when the disease inclines to assume the chronic form. The older practitioners gave it "if the presence of psora should be suspected," and Dr. Marcy remarks that "if the disease occurs in persons of lymphatic constitutions, and subject to eruptions, swelling of the glands, etc., this remedy can scarcely be dispensed with." Both of our best and most recent writers agree in giving the post of honor to this remedy. "Sulphur reveals its curative power in the most inveterate forms of bronchitis; it acts best, however, when the morbid process is distinguished by arterial and venous vascular irritability, by great impressionability of the skin, which suffers from the slightest atmospheric variation, and by exacerbation of the pectoral symptoms. The rheumatic, gouty, more especially the herpetic and scrofulous diathesis, fall equally under its sway. With the reservation of these premises this mineral corresponds to the most varied forms of bronchitis, from the simple catarrh, with scanty, yellowish-white sputa, to bronchorrhœa, dilations of the air-tubes and putrid expectoration. These, with all the intervening and transitory phases may be benefited by Sulphur. The secondary effects of emphysema alone appear insensible to its influence," (Meyhoffer). "Sulphur is undoubtedly the most important remedy in this disease because it corresponds to the worst and most inveterate cases. If emphysema is present

* Continued from page 432.

this remedy may never yield any marked results ; even its palliative effect is questionable. Brilliant results may, however, be obtained in cases of chronic catarrh of long standing if the mucus is secreted in large quantities, or is very tenacious, and the symytoms point to a decided thickening of the mucus membrane. An eminent indication for Sulphur is the excessive sensitiveness of the skin, so that every trifling change of temperature causes an exacerbation, and that, even if the patient remain in his room, he is still powerfully affected by changes in the weather. Only this hyperæsthesia must not be caused by pulmonary tuberculosis, the tubercles, at least, must not be in a state of suppuration" (Bæhr). All experienced physicians must agree with Meyhoffer in this particular : "It would be a hopeless attempt to enumerate the great variety of symptoms, sometimes so contradictory, which indicate the exhibition of Sulphur. The pathogeneses of it present but a very poor and fragmentary outline of its real therapeutic value in chest diseases. Physiological induction and clinical experiment must supply the deficiency." Bæhr gives the following as the two leading series of symptoms : "The cough is either loose, the mucus easily detached, but only at times, so that it night, for instance, there is a great deal of dry cough, whereas in the morning and during the day the cough is moist, the expectoration is mostly white, compact, but mixed with a number of yellowish or greenish lumps, showing that the mucus had been secreted in the bronchia for some time before being coughed up ; it has a foul taste and even a bad odor, and the accompanying hoarseness and sensation of rawness show that the larynx and trachea had become involved in the pathological process. Or else the cough sets in more violent paroxysms with considerable dyspnœa, is dry and spasmodic, with wheezing in the chest ; it occurs most generally late in the evening and in the night, and it is only toward morning and after rising that a tenacious, glassy mucus is brought up after a slight coughing spell." It is also indicated by the following groups of symptoms : Hoarseness, aphonia, roughness and scraping in the throat, accumulation of mucus in the bronchi, fluent coryza, cough, soreness in the

chest, chills, aggravation of the symptoms in cold and damp weather ; or for dry racking cough, with nausea, vomiting and spasmodic constriction of the chest, especially in the evening, or at night when lying, or in the morning, or after a meal ; or for cough with copious expectoration of thick, whitish or yellowish mucus, sometimes only in the day time, with dry cough at night ; or obstinate dry cough from titillation in the throat, stitches in the chest or head when coughing, stupefaction, obscuration of sight, feeling of fullness in the chest, oppression, mucus rattling, palpitation of the heart and suffocative fits.

As a general rule, the higher dilutions act better than the low, though Meyhoffer says that "in dilatation of the air-tubes and putrid sputa the second and third triturations have done us good service," and Bæhr remarks that "it has always seemed to us as if the triturations of Sulphur did not act as well in this disease as the attenuations prepared from the alcoholic tincture."

Silicia is particularly suitable for lymphatic or sanguine individuals, and as a remedy for chronic bronchitis it is only second to Sulphur. Meyhoffer says "I think it hardly possible to overcome radically the catarrh pituiteux of Laennec without the intervention of Silicia. In this form of bronchial disease no other agent contributes so largely towards recovery. Not less beneficial are the effects of Silicia in the bronchial affections of rachitic children ; it may be advantageously alternated with Calcarea or Phosphoric acid"—notwithstanding which assertion the present writer can see little difference between the alternation of homœopaths and the polypharmacy of the modern allopaths. Hughes thinks that Silicia may find its place in chronic bronchitis with puriform expectoration, while Teste coldly says at "Silicia is recommended in chronic bronchitis." Silicia is one of the principal remedies in obstinate or severe cases characterized by racking cough with copious expectoration of transparent purulent matter. The cough is a suffocative cough with oppression at the chest, and it is aggravated at night, and is sometimes accompanied by sore

throat. There is also loss of breath when lying on the back and when stooping.

All unite in prescribing the higher dilutions and Bæhr says that "we have never derived any advantage from alcoholic attenuations, but always from the higher triturations."

Calcarea carb. is, like Sulphur, one of the neglected remedies. Bæhr remarks that it is used in this disease much less frequently than it deserves, and Meyhoffer says that it is not appreciated according to its deserts in concrete cases of chronic bronchial catarrh. It is unquestionably the leading remedy in chonic bronchitis when complicated with emphysema, and also in bronchial dilatation with the characteristic putrid expectoration. The Calcarea patient is scrofulous or plethoric; the cough dry and tormenting, especially at night, with titillation as from feather-dust in the throat ; after great efforts a whitish, frothy and putrid sputa is raised. This cough is aggravated by the recumbent position and during sleep, and the patient is subject to severe attacks of obstinate hoarseness, which may be induced by the slightest change of weather. Sometimes there is an accumulation of thick adhesive mucus in the air-tubes, with loud mucus rhoncus ; moist cough with expectoration or vomiting of a thick and yellowish phlegm of an offensive smell. Even in young children the sadness and anxiety so characteristic of Calcarea may be noted, and it acts best on the thirtieth dilution.

Carbo vegetabilis is an almost indispensable remedy in exhausted constitutions and in neglected cases where it either achieves a cure itself or prepares the way for another remedy. In hopeless cases it is one of our best palliatives. "Carbo vegetabilis ranks with Arsenic in curative power. The symptoms of both drugs are very much alike. Carbo likewise acts best in old and neglected cases, with emphysema and hypertrophy of the mucous lining ; the circulation of the lungs and heart as well as that of the head and abdominal viscera is very much impeded ; the patient is very sensitive to cold and to the direct action of irritants upon the lungs ; the symptoms exacerbate at night, but the expectoration differs from that of

Arsenic ; Carbo affording help only if the expectoration is profuse, not when scanty. At times the expectoration consists of mere lumps of mucus ; at other times it is purulent, or yellow and green, sometimes having a bad taste and a pungent odour, suggesting the possibility of an approaching pulmonary phthisis. If the larynx is very much involved Carbo is indicated so much more. The drug must not be expected to act immediately, because patients for whom Carbo is suitable are generally very much reduced and the lungs are so deeply indicated that a rapid improvement has become impossible" (Bæhr).

The characteristic cough of Carbo is spasmodic and paroxysmal and results in the expectoration of a foul pus of thick consistence. This phlegm or pus may be greenish, and there is also roughness or hoarseness of voice aggravated by speaking, by raw, damp or cold weather, and occurring in the morning or towards night. This hoarseness is ameliorated during warm weather. Weakness, loss of appetite, and general malaise may also be present, and, in advanced cases, blueness of the lips and coolness of the extremities indicate imperfect oxidation of the blood.

Authors differ very much as to the best attenuations to be used. Dr. Marcy—a sound and judicious practitioner—advises it to be used at the third attenuation one grain once or twice daily ; Dr. Bayes thinks that the sixth to the thirtieth are the most useful preparations ; while Meyhoffer asserts that "the weaker the invalid the better the high dilutions work." My own experience leads me to prefer the thirtieth centesimal dilution to all others, though I have seen good results from the twelfth decimal trituration.

Causticum was successfully used by the older homœopathic physicians, who looked upon it as a leading remedy for chronic bronchitis and bronchial coughs, but the homœopathic physicians of these later days use it much less frequently and much less successfully. The cough of Causticum is violent and racking—a hoarse and dry cough, worse in the evening and at night, with shortness of breath and rattling of mucus in the air-tubes. The voice is feeble and at times complete aphonia

is present, and the chest is sore during the cough. Very characteristic are these groups of symptoms : "Dry, hollow cough, five or six turns at a time, with soreness in the interior of the larynx, every turn of the cough causing a pain and almost arrests breathing. Hollow cough, especially at night and early in the morning, with tough mucus in the chest, where a stinging pain is felt during the cough, and as if there were subcutaneous ulceration, accompanied by dry coryza and obstruction of the nose. Shortness of breath previous to a fit of cough commencing." "Heartburn, acidity of the stomach after the ingestion of fat, saccharine or farinaceous food, rheumatic and neuralgic pains, increased by every change of temperature, but ceasing when in bed, excess of uric acid in the test-tube with a lymphatic torpid temperament, are leading symptoms for the exhibition of Causticum in chronic cough. Involuntary passing of urine during the fit of coughing is also a valuable indication" (Meyhoffer).

Causticum should never be used lower than the thirtieth dilution.

Lycopodium. "A long time was necessary to conquer my repugnance to the use of Lycopodium, excited by the aggravated laudations of its medicinal virtues, which I had been condemned to listen to ; now, I have, on the contrary, to guard against falling into the same error myself. The fact is, that since I learned to appreciate its efficiency in chronic pneumonia, I have not failed to observe its vitalizing influence in those forms of bronchitis characterized by copious muco-serous or muco-purulent secretion. These morbid phenomena being habitually the result of more or less serious alterations, it follows that Lycopodium acts favorably in emphysema, dilatation of the air-tubes and senile catarrh. Constant tickling cough, worse at night, numerous loud mucus rales, with rare and scanty sputa, are symptoms lying especially within the range of its action. But the varieties of bronchitis above mentioned are often attended or complicated by the phenomena of abdominal vascular congestion and atony of the alimentary canal or by those of the acid diathesis. The signs which arise in such

circumstances as congestion of the liver, flatulency, obstinate constipation, cachectic complexion, red gravel, and acid dyspepsic, are all within the range of Lycopodium" (Meyhoffer). Lycopodium is a most effective remedy in obstinate cough, aggravated at night, with constant tickling in the throat—shown by the restlessness of the little patient with constant handling of the front of the neck—loud rales with scanty expectoration of tough mucus of a saltish taste and grayish color. The respiration of Lycopodium is predominant with moist sound while the respiration of Pulsatilla, Sepia and Silicia are marked by the predominance of the dry sound. Meyhoffer says that "low dilutions of it are not ineffectual, but higher ones work better," but my own experience is that it is of little use lower than the thirtieth centesimal dilution.

T. N.

(To be Continued.)

SUPPRESSION OF PERSPIRATION.—Socoloff gives an abstract of the results which follow varnishing the skin and suppression of the cutaneous secretion :

1. A few hours before the death of the animals so treated, clonic and tetanic spasms appear in various groups of muscles, while the temperature in the rectum sinks in a marked degree.

2, Enveloping the animals in wadding did not serve to raise the temperature or arrest the fatal result.

3. Respiration of oxygen proved ineffectual to resuscitate the animals.

4. In the stomach ulcers were observed, the result of deep extravasations.

5. Albumen appeared in the urine very soon after the skin was varnished.

6. In all cases a diffuse parenchymatous inflammation of the kidneys was observed—sometimes swelling of the cells, and sometimes fatty degeneration. This result was independent of the nature of the varnish used, whether turpentine varnish, or gelatin, or gum.

Lang *(Arch. d Heilkunde,,* xiii, pp. 277-287, 1872) investigates the cause of death when the skin has been varnished, in addition to other phenomena, he found, an hour or two after death, "triple phosphate crystals" in various parts of the body, and some of the uriniferous tubules blocked with a finely granulated dark mass. He thinks that the triple phosphate crystals are the result of decomposition of urea, and that the cause of death is uræmia.—*Journ. Anat. and Phys.*, November, 1872.—From *Centralblatt*, No. 44, 1872.—*Am. Jour. Med.*

Miscellanea.

AN ESSAY ON THE YALLER DOG.*

From our earliest boyhood we have hated the yaller dog. We never yet knew a decent man, woman or child who liked the yaller dog. In the natural order of things it is a virtue to hate the yaller dog.

The yaller dog is not hated on account of his color—he can't help *that*. His nature and his habits evoke the hatred as naturally as the Pulv. *Capsici* on a country ball-room floor excites a sneeze.

The yaller dog never bites anything larger, or as large, stronger, or as strong as itself. The characteristic of the biting of the yaller dog is that is done only when and where it is perfectly safe for the yaller dog to do it. A bite which requires any kind of courage to do is not the bite of the yaller dog.

The virtue of the yaller dog is his bark. To hear that bark and not see the barker would make one imagine that he did the biting for all dogdom: but seeing the source one only says, "Poh, it's the yaller dog!" His favorite barking places are behind a locked gate, or beyond a stone's throw. When the festive burglar approaches the yaller dog is suddenly seized with a paralytic aphonia, which simply shows that it isn't healthy for yaller dogs to bark when burglars are on business. The bark of the yaller dog is his chief source of amusement; it is also all he does for a living. The only use of the bark of the yaller dog is that it is a specimen of the bark of the yaller dog.

THE USE OF THE YALLER DOG HAS NOT YET BEEN DISCOVERED.

When a tin pan is tied to his tail the subsequent conduct of the yaller dog suggests the possibility of perpetual motion.

The yaller dog is always "beautiful in death."

* * * * * * *

We know that this isn't a very complete essay on the yaller dog, but the fact is our eager haste to call attention to a very recent *quasi* specimen of the bark has made us leave the essay to exhibit the said specimen. We do not, mind you, say, or affirm, that the specimen *is* the bark of the yaller dog, but merely that our homœopathic habit of making comparisons suggests a striking resemblance.

When a sane editor can read the "downfall of homœopathy" in the advertising columns of its journals we think we hear the bark of the

* Hahnemannian Monthly, p. 566, July, 1873.

yaller dog. Just here our old maid sister says: "Carl, don't laugh. *Rome was saved by the cackling of a goose!*" Our phiz grew suddenly solemn as we considered what a glory there might be in store for the yaller dog! But, back came the grin in half a minute on the heels of the question—*Who in the world, since time began, ever heeded the bark of the yaller dog.?* Alas for homœopathy if its salvation depends upon the yaller dog!

The same sane editor reads the "writing on the wall" and from sundry advertisements finds that allopathy has "demoralized our practitioners with nostrums." Alack a day, for our editor has forgotten to wipe his spectacles and *read up* on the meaning of the word *nostrum*. If he can find a *nostrum* advertised in either of the journals which he has accused of advertising them we will at once go back on Noah Webster. Even the "*Home Bitters*" (which we have on a previous occasion declared to be not a good "drink") is not a *nostrum*, for Duncan published the receipt and thus enabled those of our school who endorsed it so warmly to make it at home and enjoy the luxury of drinking it at first cost. "Demoralized *our* practitioners with nostrums!" Pshaw, isn't this only like the bark of the yaller dog? Before you answer the question remember that "The bark of the yaller dog in his chief source of amusement, etc."

This identical same editor continueth—"These leaders pockets jingle with the enemies gold—"meaning thereby that the pockets of the proprietors of HOMŒOPATHIC JOURNALS "*jingle with gold!*" If this is true all we have to say is that the Millennium is "on hand," and it isn't worth while for any of us practicing physicians to take the trouble of sending more bills. But, dear reader, *you* know the *Tempora* and the *Mores* too well to have us say that this pocket story *sounds* like the meaningless bark of the yaller dog.

This individual sane editor is sorely exercised by the advent of "sandal-wood-oil capsules." Surely there is no disputing about *tastes*—he happens to like his *sandal-wood-oil*, "neat," while nearly all *les Malheureux* prefer it in capsules.

Speaking of our "demoralized practitioners" we happen to know that Dr. James B. Bell finds *sandal-wood oil* a very *big thing* in *chased p*—— (you know what the French call it), and we also know that he doesn't give it in the 200th, but about 199 9-10 times nearer this very "capsule" which is an instrument of *demoralization* to "our practitioners." Now, we used this Bell's book on Diarrhœa to-day, and we would give five years' earnings to be as badly "demoralized" as is this same Dr. James B. Bell. *Sandal-wood oil* is homœopathic to some cases of that French "you-know-how-it-is-yourself," and if there isn't also a homœopathicity in doses why did Hahnemann recommend *Taraxacum* in the mother of tincture, and have both high and low potencies in the last pocket-case he ever carried?

Alas this *demoralization* havoc among "our practitioners" is going on across the Atlantic for not long since Dr. Drysdale had "capsules"—think

of it, "c-a-p-s-u-l-e-s !"—made to administer crude Petroleum therein. Just here the thought comes. If our sane editor were one-eighth as "demoralized" as this Drysdale what a blessing it would be for the *Hahnemannian*. As it is we read his *editoral notes* fancying the while that we hear the bark of the yaller dog. We have before to-day seen our colleges advertised in allopathic journals. How "demoralized" these colleges must be to advertise in such a contaminated place ! But suppose the proprietors of the said allopathic journals had refused to receive *such* advertisements—Oh ! what a chance that would be for the exercise of the yaller dog bark-function. Seeing such an advertisement in an allopathic journal, would any sane editor thereby conclude that the allopathic journal endorsed the homœopathic college ? Are sane editors given to looking among the advertising columns for the criteria of the journal's principles ? Will not the advertising of allopathic medicines in homœopathic journals retard, in fact prevent, the *downfall* of that *erroneous* and *murderous* system ? Perhaps this is what has made our sane editor's heart ache. Undoubtedly this it is which has prolonged the existence of that school until to-day. The remedy for this great evil is at hand. 1st. Let us all subscribe for the *Hahnemannian*. 2d. Let us take only the *Hahnemannian*. By withdrawing our support from all the other journals they *and* allopathy will tumble headlong in one world-shaking crash, and the shock thereof will break all the "sandal-wood oil *capsules*."

By jove, we have written so much about the bark of the yaller dog that here *we* are trying to make that some bark ! Pardon us, for beguiled by our theme we were led astray by the influence of a bad example.

Dear reader, since penning the last sentence we have set for five minutes, pen in hand, moralizing, the fruit whereof is this : There be certain necessary evils in this world of which the yaller dog is one. There must have been a yaller dog in the ark, and if Noah could stand the bark there, surely we can endure it. Lastly, a yaller dog is only a yaller dog, and philosophers will expect only yaller dog habits from the yaller dog. We can not stop his barking. Let him bark. CARL MULLER.

HOMŒOPATHY IN THE UNIVERSITY OF IOWA.—"At a late meeting of the Board of Regents of the State University, Dr. E. A. Guilbert of Dubuque was present as chairman of a committee of the State Homœopathic Society, and was invited to address the Board on the subject of appointing professorships in the State University two teachers of Homœopathy. After the doctor's address quite an interchange of opinions transpired between the Board and the representative of the State Homœopathic Society, and, as we learned while at Des Moines, the feeling in favor of the justice of the proposition of our homœopathic friends was nearly unanimous. Owing, however, to want of funds, the appropriation made by the State being now exhausted, the Board had no means at command, and therefore, by a formal vote, resolved to lay the matter before the next Legislature, in the hope that the appropriation for the University may be enlarged, to the end that the Regents may acquire the power to grant the petition of a large and influential class of the people of Iowa."—*Dubuque paper.*

DETROIT, MICHIGAN: MORTALITY FOR AUGUST, 1873.—Total number of deaths 322.

Infants 195, Children 52, Adults 75.

Principal diseases :—

Cholera infantum	62	Debility,	25
Consumption,	10	Scarlet fever	17
Convulsions,	10	Still born,	19
Dropsy,	13	Summer complaint	73

DETROIT, MICHIGAN.—Temperature, etc., August, 1873 :

Highest barometer	30.353
Lowest barometer	29.603
Highest thermometer	90
Lowest thermometer	55
Prevailing wind	N. E.
Greatest velocity of wind, miles per hour	16
Total number of miles	4,707
Number of clear days	18
Number of cloudy days	3
Number of rainy days	4
Total rainfall, inches	0.29

The mean temperature was 1½ degrees less than that of August, 1872, while the rainfall was only 1-9 of the amount for the same month.

NEW YORK STATE SCHOOL FOR TRAINING NURSES.—The School of the Homœopathic Maternite for the education and training of nurses, will open its first semi-annual course of instruction on Tuesday, October 7th, 1873, at the Maternite, 48 Concord street, Brooklyn, New York.

The school year is divided into two terms, of six months each, to commence on the first Tuesdays of October and April, respectively. The first half of each term will be devoted to lectures and clinical instruction ; the second half to the practical details of nursing.

Applicants for admission to the school should apply personally, or by letter, at the Maternite, No. 48 Concord street. They must be not less than twenty-one, nor more than forty years of age ; and must furnish satisfactory references as to their moral character and general health. They must also be able to read and write the English language, and sign an agreement to remain six months. They will then be received into the Maternite, and boarded and lodged at the expense of the institution during the entire course of instruction.

The students will be under the authority of the matron, serve as nurses under her direction, and subject at all times to the rules of the house.

The matron, under the direction of the School Committee, may discharge them at any time in case of misconduct or inefficiency ; but no monies shall be refunded for any cause except that of permanent physical disability.

The Maternite will provide all necessary text-books, models, instruments. etc., for the use of pupils, free of charge.

Personal Notices, etc.

NECROLOGICAL.

HAYWOOD.—Dr. E. S. Haywood, of Lynn, Mass., having been afflicted with a tumor on his right arm near the shoulder, it became necessary to remove it by a surgical operation. Upon removing the tumor on June 2d, the bone of the arm was seen to be so badly diseased that it was found necessary to amputate the arm at the shoulder joint. The operation was performed by Dr. Cheever, of Boston, assisted by Drs. Lovejoy, Pinkham and Graves, of Lynn—a young medical student and friend of the patient, from New York, also being present. Dr. Haywood was under the influence of ether during the operation, which lasted from half-past eleven to about two o'clock, it being prolonged and the intensity of the shock greatly increased by first removing the tumor, in the hope of saving the arm. He rallied, however, much better than his friends anticipated, and for a time there was hopes of his recovery. We regret to record that these hopes were disappointed. He improved for a few days, then became much worse, and died on the 17th of June.

Dr. Haywood was a man of untiring energy and great force of character, and his unvarying success in his profession testified to the esteem and trust in which he was held by all who had dealings with him. He leaves a wife and young family to mourn his loss.

MARITAL.

HART—SCOTT—In Cincinnati, July 9th, at the Central Christian Church, by Rev. W. T. Moore, C. P. Hart, M. D., of Wyoming, Ohio, formerly of Connecticut, to Mrs. Naomi Vanausdol Scott, of Yellow Springs, Ohio.

BEACH—LAMSON—In Southington, Connecticut, May 14th, 1873, at the residence of the bride's father, Charles M. Beach, M. D., of Unionville, Conn., to Miss Annie E. Lamson, of Southington, in same State.

REMOVALS.

HART—Dr. C. P. Hart, from Yellow Springs to Wyoming, Ohio.
WISE—Dr. W. H. Wise from Dunkirk, Ohio, to Van Wert, Ohio
SIMPSON—Dr. J. Y. Simpson, from Monterey, Iowa, to Quincy, Kansas.
SMITH—Dr. F. S. Smith, from Pulaski, Ill., to Lock Haven, Penn.
WRIGHT—Dr. Robert Wright from Paola, Kansas, to Prairie City, Mo.

LOCATIONS.

PAOLA KANSAS.—For reference write to H. H. Grimshaw, there.
SAN ANTONIO, TEXAS.—Write Dr. Mortimer Slocum.

DEFERRED ARTICLES.

Translations from foreign journals—several excellent articles reserved for October number.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

DIAGNOSIS OF A FOREIGN BODY IN THE RIGHT BRONCHUS.

BY DR. HAMBURGER.

An old man of seventy years, but always enjoying good health and even regularly attending to the minutiæ of a large mercantile business, felt for a few days out of sorts and traveled therefore in his own carriage to a favorite married daughter's who lived a few miles from the parental homestead. During the journey the old man did not complain of any trouble, but in alighting from his carriage he fainted away and the frightened family brought him immediately to bed. Paleness and unconciousness passed off under the usual reviving means. He recognized his daughter and her family, but he could not make out where he was and his look was absent minded and strange. His memory seemed entirely lost, so that he could not recollect anything which happened in the past few days.

I was immediately called in, and his wife related that only for a week past they could see that he was not as well as usual. Without any cause he complained of great debility, forgetfulness, dulness of mind, transient dizziness and loss of appetite. He, who was always in such good humor, was now downcast, and for that very reason the journey to his daughter was undertaken.

Status præsens : Temperature everywhere moderately increased, great thirst, pulse small, hard, 100 to the minute, great debility. With the exception of the dulness of mind cerebral functions normal, also sensibility and motility ; sleep

for the last few nights interrupted and disturbed. The rather congested face has an anxious disturbed expression, pupils moderately dilated, lips cyanotic, tongue moist, not coated.

But his respiration was a queer one. The breathing was short, difficult, thirty-six times to the minute, and although the patient did not complain of dyspnœa, one could see that the respiratory function only took place in the left thorax, whereas the right lung did not work at all.

In the left thorax the respiratory act is forced, the intercostal spaces exceedingly large. Percussion-sound everywhere down to the lowest false ribs full and sonorous, the stand of the diaphragm very deep. The dulness of the heart's sound can only be perceived by strong percussion. The organ lies in the sixth and seventh intercostal space. The beat of the heart can be seen and felt most clearly under the processus ensiformis ; the sounds are clear, as also those of the large arteries, only the second sound in the region of the pulmonary arteries was not accelerated. Auscultation all over the left lung showed rough, vesicular, puerile respiratory murmur, nowhere rhonchi, nowhere rales.

The right side of the thorax was entirely without motion and the right lung not acting. The intercostal spaces were small, the ribs without motion and the circumference of that side one and a half inches smaller than the left one. Auscultation showed nowhere respiratory murmurs nor rattling, and percussion showed anteriorily to the third, posteriorily nearly to the seventh a full clear sound. No cough. During inspiration the præcordial pit, fossa jugularis and the clavicular pits sunken. The abdominal organs were found in order, only the lower edge of the spleen could be clearly felt by palpation below the ribs. Defecation rather scanty. Urine normal, without albumen, dark yellow and slightly cloudy.

The large circumference of the left side of the thorax, the broad bulging out intercostal spaces, the full and clear sound of percussion all over that side of the chest, the raw vesicular respiratory murmur covering the heart, which as well as the spleen were pushed out of their respective places, made it clear

that there was considerable emphysema on the left side, but the question arises, is this emphysema acute and only lately existing, or a chronic one, which we meet so frequently in old people. But long existing pulmonary emphysemata are always accompanied with bronchial catarrh, which was not the case here. The absent hypertrophy of the right lung, which we always find in chronic emphysema, proves the acuteness of the case. But acute emphysema pulmonum, with the exception of those setting in at the time of agony in consequence of paralysis of the alveoli, is very rare, only arising in consequence of important s stenosis and obstructions in the trachea and blonchia, especially after dyscratic processes, like measles, scarlatina, diphtheria have run their course, which could not be the case here. We are forced to acknowledge the state of insufficiency or total functional inability of the right lung as the cause of the acute and supplementary emphysema of the left lung.

But we must find out why the right lung ceased to labor after so short a notice, for we have chronic affections which totally abolish the functions of one lung, as, for instance, tedious, considerable pleuritic exudations, chronic pneumothorax, by which a whole lung becomes encompassed, void of air, atrophied and shrink upwards and inwards to a lump inactive and of small size, but in all such cases the affected size of the thorax also shrinks in all its dimensions, its diameters enormously diminished ; the intercostal spaces are gone, the ribs cover one another like shingles, and the weak percussion sound all over shows clearly that respiration does not take place. Here the contrary takes place. The dimensions of the left thorax are nearly normal, as is also the percussion sound and still no respiration, the cause of all this trouble is an acute one, and the leftsided emphysema, so suddenly arising, a supplementary one. There is only one fact more which we have to study out. Where the pleural cavities are normal and capable of expansion, and where the respiratory organ is capable to perform its functions, where the inspiratory muscles act, as in our case, with great intensity and still no atmospheric air can penetrate to that lung, we can

only suppose that there is a mechanical obstruction, and in our case the right bronchus must be, therefore, mechanically closed by a foreign body. But where such an accident happens the usual subjective symptoms are decided, as most excessive dyspnœa, suffocative fits, excessive and severe cough, enormous restlessness, etc., so that we diagnose it immediately even in children or idiots, but our clear-headed patient never showed any such symptoms. Should the bronchia have lost their viability by a clot of blood, mucus, pus or a croupous exudation ?

As it happens that during anscultation of pneumonic or tuberculous patients no respiratory murmur is heard at one time on some part of that lung which returns as soon as the obstacle is removed by a coughing fit. But the respiratory organs of our patient were perfectly healthy, and such a supposition must therefore be excluded.

It is all very well to make out a clear diagnosis, but there was *periculum in mora* and something had to be done immediately, and right or wrong we dissolved four grains Tartarus emeticus and gave it dissolved in a teaspoonful of water to our patient. After a quarter of an hour vomituritions set in and with a severe fit of coughing he expectorated a green pea, swollen to the size of a large bean and enveloped in thick mucus, and shortly afterwards the fluid and nourishments which his stomach contained.

The change was sudden and marvellous. He breathed heavily and deeply to reassure himself, that air penetrates everywhere again, his mind was relieved of its cloud, the usual pleasant smile played around his lips, he recognized at once the place and his daughter's family, but he had no recollection of the troubles he passed through for a whole week.

Another exact examination showed the respiratory organs in a perfectly healthy state, the emphysema of the left side entirely gone, heart and spleen in their normal position. He now recollects partaking of green peas, one of which went the wrong way, as he expressed himself, but as coughing did not remove it and as he did not feel any inconvenience from it at the time the whole accident escaped his memory.

ODONTALGIA RHEUMATICA.

K., a stout hearty man of thirty-five years suffering from excruciating toothache had already two teeth drawn, a vesicant applied behind the ear, used all sorts of gargles and toothdrops, and still the pains drove him night after night from his bed and only towards morning some relief set in, so that he slept for two or three hours; and then the pains, although not so severe, returned and lasted the whole day. The nightly aggravation, the excruciating, tearing pain radiating to the temple, the sensation of elongation of all the left lower molars and their sensitiveness to touch, the increased secretion of saliva clearly pointed to *Magnesia carbonica* of which I sent him one powder and a lot of placebos. He slept after the first powder and no more medicine was necessary.—*Dr. Hirsch*, (*Int. Presse III, s.*)

On the evening of July 7th was called to see Mrs. S., whom I delivered of a healthy girl four weeks previous. Found her in the following condition: Right side of the face very much swollen, not particularly red. She described the pain as of a throbbing character, proceeding from a lower incisor tooth on the right side and radiating towards the ear; throat very much swollen, so that she could not swallow nor distinctly articulate; profuse salivation, at first offensive, and of tne odor of decomposed pus; total loss of appetite; no thirst; excessive anguish and irritability. Gave *Mercurius solubulis* ʒ. Next morning no improvement. Continued the same.

The pain increased toward night, when the only perceptible change was in the pulse, which had become very slow and full. Changed to *Magnesia carbonica*, two hundredth, in alternation with Sacch. lact. every two hours. The next morning when I called found her sitting up and the swelling had almost disappeared. All pains was entirely gone, she was able to swallow with perfect ease, and her articulation was natural. The same evening she received guests in her drawing rooms.—*Homer J. Ostrom, M. D.*

Lippe's Mat. Med. 1. Anxious with perspiration all day.

37. Nightly tearing, digging and boring in the malar bone, insupportable during rest, and driving one from one place to another. Swelling of the malar bone with pulsating pain. 51. Stinging pain in the throat when talking and swallowing. Accumulation of water in the mouth with frequent gulping up ; continual spitting early in the morning with nausea.

PARALYSIS AGITANS IN CONSEQUENCE OF RHEUMATISMUS CURED BY TARANTULA.

Mrs. K., sixty-one years old, of strong constitution, but has seen a great deal of trouble during her life. Menstruation ceased at the age of fifty-two. In 1863 she suffered from severe pains in the left arm, so that she could not put her hands to her head, which left some trembling of the hand, which became aggravated by every mental trouble.

In 1870 a fire broke out in her neighborhood, frightening her dreadfully, and since then the trembling has increased and affects now all her extremities. During the siege of Paris she was exposed to all the disagreeable situations incident to the war, and no wonder that her disease increased upon her. The pains became so intense that she could not rest during the night, and the itching and crawling on her left leg obliged her to rise and to walk about during the night. Simple baths aggravated the pains, and the only place where she felt somewhat comfortable was in the fresh air, even during the night. Hospital and private practice exhausted itself in vain to give her relief. Thus she came in my hands to try homœopathy as a last resource. We found intelligence and memory considerably diminished ; trembling, pricking and much sensation in the phalanges of the hands and feet, so that she was unable to perform any fine work. Motibility and sensibility unaltered, neither paralysis, anæsthesia nor hyperæsthesia. The head trembled just as the left foot and arm, and a slight tremor could be perceived on the tongue when she opened her mouth. She could only sleep for a few minutes, as the pains woke her up in spite of her sleepiness,

and this want of rest told fearfully on her. No appetite, chronic constipation, a stool could only be forced by enemata. Since her menopause she had acne in the face; the ophthalmoscope showed a slight hyperæmia of the retina, and an analysis of the urine only revealed an excess of uric acid, showing itself by rhomboidal crystals.

We gave her for some time *Belladonna*, *Nux vomica*, *Iodium*, *Secale*, *Crotalus*, without any relief, when further studies led us to *Tarantula*, which we gave in the twelfth dilution in water, a tablespoonful every three hours. Under its influence sleep returned to her, gradually the violent trembling diminished, and after a steady treatment for six months with the same remedy we could pronounce the patient perfectly cured. —*Dr. Cramoisey* (*Bulletin de la Societie Med., Hom. de Paris.*

Compare *North American Journal of Hom. xx.* symptoms: 6 to 14, 17, 12, 26, 27 to 32, 45, 58, 60, 372, 373, 503, 740, 745, 750, 752, 755, 773, 811, 816, which give an exact picture of the case in hand, and show, that Tarantula, and only Tarantula was the simillimum.

DIABETES MELLITUS.—Professors Cantani and Primavera, of Naples, report the most extraordinary success in their treatment of this obstinate disease. Their statements are in brief as follows:

1. Their patients have all, with rare exceptions, recovered.

2. Stout persons have lost but little weight during the treatment, while spare ones have sometimes gained as much as twenty-five pounds.

3. Though the urine has become rich in urea and uric acid, the patients have never shown symptoms of gout or urinary calculi.

4. The treatment was also successful in arresting some instances of albuminuria that accompanied the disease.

5. The cure consists in an exclusive meat diet, and by this term fish is also included; further at each meal is to be taken lactic acid ℥ij--iv in water ℥ vj. As a substitute for wine at dinner, alcohol ℥ ss. with water ℥ vj is given.

Alcohol and lactic acid are designed to replace the saccharine and starchy elements of the food. To obtain a permanent cure it is necessary to persist in the treatment for several months after sugar has ceased in the urine. Then the patient may gradually return to a mixed diet.—*Allgemein. Med. Central. Zeitung.*

Obstetrical Department.

PRURITUS VULVÆ.*

The first case I show you to-day, gentlemen, is that of Mrs. A——, æt. 40, married, but never been pregnant. During the last summer she says that she had severe itching about the private parts, which annoyed her very much indeed. During the last two months it has increased very much, and for a week past she has felt it worse than ever. This woman has pruritus vulvæ, and she is very much annoyed at the present time—so much so that she has come to us for relief. You may wonder what the special interest of this subject is. In practice you will find that it is one of the most annoying diseases you will meet with, both for the patient and the physician. The first thing I must say is, never look upon pruritus vulvæ as a disease, but endeavor to find out what the cause is that produces it. Your course should always be to ask yourself the question, what is the condition which produces the pruritus? In other words, seek the root of the evil. This case beautifully illustrates the position I have taken, as you will see in the progress of the clinic.

Some three or four years ago, a patient appeared in this clinic, who presented but one solitary symptom, and that symptom was pruritus vulvæ. That woman looked haggard, wild, very much emaciated, and had the appearance of a woman suffering from delirium tremens. She had been so excessively annoyed by her trouble, suffering from such loss of sleep, that she was obliged to use opium in enormous quantities to allay her sufferings, and this in turn had made a complete wreck of her nervous system. Among the causes which may produce the disease, one was found in her case, which I will mention in connection with this. The woman was suffering from diabetes mellitus. The saccharine fluid pouring over the parts was the cause of the irritation. That was the cause of the pruritus vulvæ in her case, and it is not an infrequent cause of the trouble. That case also illustrates

* From Clinical lecture of Prof. T. Gaillard Thomas. *Am. Jour. of Obstetrics.*

the importance of looking most carefully for the cause. In the first place, *pruritus vulvæ* very rarely exists as a nervous disease. In some works upon gynæcology you will find it laid down that it is due to an irritation of the extremities of the nerves distributed to the vulvæ. I am not prepared to deny the statement, but I am prepared to make the counter-statement that I have never seen such a case of nervous irritation alone. I feel that I can not be too particular in impressing upon you the importance of looking as deeply as possible into the subject of etiology in connection with these cases.

You might recommend some ointment or wash, or stereotyped prescription from some work upon diseases of women; but it would be a very superficial manner of dealing with the case. The only true method of management is to first seek the cause. I believe that pruritus vulvæ is usually excited by the presence of some ichorous discharge in the lower part of the vagina, and this discharge so excoriates the vulvæ, and sets up such an itching, that the patient may do a great deal of damage to herself in a short time by scratching. In a great majority of cases, I repeat, it is dependent upon an ichorous discharge in the vagina, and hence a leucorrhœal discharge may be, and is a very frequent cause. But it is not the only cause. It is very often found to occur from cervical endometritis, in consequence of the ichorous discharge which comes from the cervical canal and pours out over the parts. Very often it depends upon some abnormal growth in the vagina, which creates a discharge that flows directly over the vulvæ and keeps up the irritation and itching.

The very desire to scratch makes the disease worse, and when the scratching has gone on for a short time, an eruption will be found which will make the case still worse, and still more sensitive to the exciting cause.

The pediculus pubis is another cause, and, upon close examination, perhaps a little pediculus may be found at the root of each hair. Remove one of the parasites, and you will have the whole case in your hand at once; but it would be quite wrong to call it a case of pruritus vulvæ simply. Nor should mercurial ointment be recorded as one of the remedies for pruritus vulvæ because it cures the disease under such circumstances. It cures when pediculi are the cause, but it would not cure the case we have before us now, nor a case dependent upon an ichorous discharge pouring over the vulvæ.

The main thing I wish to have understood, is that before you institute a plan of treatment for pruritus vulvæ, you are

to look carefully for the cause, or the condition which produces it. Do not look into some work upon gynæcology, and get some pet prescription, imagining that you are dealing with the case in a rational manner. But carefully study the etiology of every case. Acting upon this principle, I find in this case that the vulvæ is bathed with a thick and ichorous-looking mucus. It is that kind of mucus which comes from the vagina in a low grade of inflammation.

The result of physical examination in this case is the following. A pedunculated polypus about an inch in diameter is found directly in the mouth of the uterus. This has given rise to an ichorous leucorrhœa which is the general cause of the pruritus; but it is the polypus that keeps up this ichorous discharge by its irritation of the vagina, and this is the source of both the pruritus vulvæ and the ichorous leucorrhœa. But, you may ask, why does this ichorous leucorrhœa produce pruritus in this woman, and not in others? I will answer the question in this way: that a majority of women have pruritus who have leucorrhœa, but they will almost never make this statement to the physician unless their attention is particularly drawn to it by his questions.

The patient was then placed upon her back, and the polypus removed by simply twisting it off with the forceps.

This polypus is what is called the glandular polypus, and contains a honey-like material which consists of the secretion of the Nabothian follicles. One of the little glands or follicles in the cervical canal begins to grow, is filled with a honey-like material, becomes a large cyst, hangs down into the vagina, and becomes a polypus. Without doubt this removal of the polypus will cure the pruritus vulvæ; but if you are particular about removing it rapidly, some wash may be used for the vagina, and some external applications made.

THE USE OF POST PARTUM BINDERS.—(*Boston Medical and Surgical Journal.*)—At a recent meeting of the Obstetrical Society of Edinburgh, a somewhat remarkable paper was read by Dr. Cairns, opposing the use of binders after parturition, and, what is the strangest of all, his extraordinary views appear to have met with very general approbation from the members present.

The disadvantages in the use of binders, as enumerated by Dr. Cairns, are as follows:

1st. That their application entails unnecessary trouble upon the accoucheur. Dr. Cairns confesses that when he first

entered upon practice, it cost him more trouble to apply the binders in many cases than to deliver either the child or the placenta.

2d. That their application unnecessarily exposes the patient, which, if several persons are present, may thereby shock her moral sensibilities ; it may, moreover, expose her to currents of cold air, which, on her part, may lead to the most disastrous results.

3d. Post partum binders impede the circulation, slipping far above the region of the uterus, thus interfering with the venous circulation, and thus tending to aggravate two diseases very common in pregnant women, viz., varicose veins and hemorrhoids.

4th. They are rarely of proper form. They should properly extend from the ensiform cartilage to a considerable way beyond the nates.

6th. In cases of post partum hæmorrhage, the patient may die before the binder can be removed in order to apply the proper remedies for its arrestment.

Dr. Cairns, in conclusion compares parturition in civilized and uncivilized conditions, and those two with the parturition of the lower animals. The latter, he affirms, owing to their pendant bellies, evidently require binders much more than women.

VARIATIONS IN WOMEN'S MILK RESULTING EROM INSUFFICIENT FOOD. (*London Lancet.*)—Dr. Descaisne lately reported to the Académie des Sciences the results of his observations in forty-three women who sucked their infants on insufficient food during the siege of Paris. Such women either produced abundant and good milk and their children throve, whilst they themselves became greatly emaciated, or they produced but little milk and that of a bad quality, so that the children throve badly, and for the most part suffered from choleraic diarrhœa ; or, lastly, they produced scarcely any milk, and the children died. The following table shows analyses from the three various types :—

		Butter.	Casein.	Albumen.	Salts.	Sugar.
1.	Fasting	3.10	0.24	2.20	0.20	6·24
	Well Fed	4.16	1.05	1·15	0.30	7·12
2.	Fasting	2.90	0.18	1.95	0.16	7·05
	Well Fed	5.42	1.15	0.95	0.25	7.05
3.	Fasting	2.95	0.31	2.35	0.31	5·90
	Well Fed	4.10	1.90	1.75	0.31	5·95

Practice of Medicine.

THE LIVER:
HISTORICALLY, ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.

BY W. MORGAN, M.D., CANONBURY.*

PRELIMINARY REMARKS.—In order to study and carry out the practice of medicine in an accurate and scientific manner, it is essential that we should be deeply impressed with its importance; and to be so impressed we must believe in it, and worship it as our god. These words, or something very similar, were uttered by a continental physician † of great learning, classical and philosophic lore, whose life and writings breathe a sincere philanthropy, contain a deep sense, and constitutes according to my humble opinion, the foundation and moral status of all medical practice. It is evident, indeed, that the practitioner who has no faith in the compass that guides him, or the efficacy of his art, cannot devote himself to the study and practice of it with that zeal, perseverance, and pleasure, he otherwise would have done. Moreover, it will not suffice for the physician only to be convinced of the utility and efficacy of the remedies he prescribes; it is of the greatest import to the success of such treatment that the patient share his confidence in them as well. It is, therefore, important, to all of us to form early a reasonable opinion on the degree of efficacy and certainty that may be attained in medicine. The practice of medicine, or the "Art of Healing," is not of recent birth, but stands coeval with the world's history. The question is, "Did is spring from the natural wants of man?" or as some ancient and modern philosophers will have it—"an evidence of the degeneration of the human species." It belongs to history alone to solve these questions; for, if it appears from the most undoubted traditions, that

* "*Homœopathic World.*"

† Cabanis' "*Du Degre de Certitude de la Medicine.*"

there does not exist, and never has existed a people, whether savage or civilised, who have not some crude and primitive knowledge of medicine; we are therefore compelled to conclude from this fact, that the art of medicine is destined to satisfy an *Irresistible*, *Imperious*, and *Natural* want.

The art of medicine mry be said to be a science, which aims at the preservation of health, the cure of diseases, and the physical perfection of man. In the early ages this art of healing consisted, only in a succinct description of diseases, which had been observed, and the indication of the remedies employed to combat them. These two parts correspond to what at this day, are named *Nosology* and *Therapeutics:* they relate to man in a state of disease only.

Subsequently, those who devoted themselves to the practice of medicine, enlarged gradually the field of their observation. Nosological descriptions became more extended, and therapeutical indications more accurate and precise. They became convinced, that to understand diseases well, it was necessary to study man in a state of health. Thus *Anatomy*, or a knowledge of the structure of the human body, and *Physiology*, or the knowledge of the organic functions, became important branches of medical science. Experience also taught those ancient physicians, that it is always more important, and often easier, to prevent the development of certain diseases, than to arrest their progress when once developed. Consequently physicians turn their attention towards this object. They trace the rules for the preservation of health, and the collection of these rules constitute a new branch of the art called *Hygiene.*

As a profession, medicine was first practised, *primitively* by the chiefs of families, of tribes, and of nations, and by generals and legislators. This may be set down as the "*Primitive Period*," or that of instinct, ending with the fall of Troy, about twelve centuries before the Christian Era.

Scondly,—It merged into what is called the *Mystic* or *Sacred* period, which extended from the dissolution of the "Pythagorian Society," to about the year 500 A.C.

Thirdly,—The *Philosophic Period*, which ended at the foundation of the Alexandrian Library, 320 A.C.

Fourthly,—The *Anatomic* or Galenic period, which extended to the first age—200th year of the Christian Era.

Fifth,—The *Greek Period*, which closed at the destruction of the Alexandrian Library, A.D. 640.

Sixthly,—The *Arabic Period*, which closed with the fourteenth century.

Seventhly,—The *Erudite Period*, comprising the fifteenth and sixteenth century.

Finally,—The *Reform Period*, embracing the seventeenth and eighteenth century.

As a science, so far as regard theories, medicine offers the picture of a great Republic delivered up to many rival factions, which dominate by turns, without ever obtaining lasting power. The various theories propounded age after age, are so many arenas for interminable discussions—a real tower of Babel; it is the apple of discord among physicians.

As an art, that is to say, in regard to the rules which have been established at diverse epochs for the cure of diseases and the preservation of health, medicine appears to me to have followed a constantly progressive march from its origin in the mystic ages down to the death of Galen, A.D. 200. Then it remained stationary, or even retrograded, at least in Europe, until the end of the fourteenth century of the Christian era. But from this epoch, the healing art took a new and vigorous bound, and acquired from generation to generation remarkable perfection. Those who deny the progress of medicine, have never seriously studied its history. With these preliminary remarks, let us now to the more special object in view—"The Liver and its Derangements."

HISTORICALLY.—It is an exceedingly interesting study to trace the views which medical men at various periods and all ages have formed relative to the functions of individual organs of the body, and the diseases to which these organs are liable; and there is no organ wherein history attests a greater change of views than in the case of the liver.

By the divine Plato, B.C. 430, the liver was regarded as the central organ of vegetable life. By Galen, A.D. 200, as the focus of animal heat, and as the organ intended for the formation of blood, and for the origin of the veins. These views of the great Roman physician underwent scarcely any modification by his able followers the Arabian physicians, and remained as such until the middle of the seventeenth century. In the pathology of the Ancients, particularly of Galen, the liver and the portal system served as the starting-point of manifold disturbances. There were described, not only a host of anatomical and functional lesions of the organ itself, such as inflammation, abscess, obstruction of the ducts, and the

different conditions resulting from intemperance; but a large proportion of constitutional diseases were referred to the same source.

A further cause of general diseases was found in the products of the secretion of that organ; the yellow and the black bile, which under a humoral pathology, had a mighty importance as elementary constituents of the organism.

The yellow bile for instance it was thought, would induce acute diseases, running a rapid course and accompanied by a high degree of temperature, such as erysipelas, etc. While the black bile was believed to give rise to chronic diseases, such as mental disorders, apoplexy, and convulsions, etc. Throughout the pathological works which appeared from the time of Galen down to the middle of the seventeenth century, this organ was looked upon as the seat of the soul itself.

The discovery of the lacteal vessels by Aselli, in 1622; the thoracic duct by Prequet, in 1647; and the circulation of the blood by our own Harvey, in 1628, gave a severe shock to the views of Galen and his followers; it was however reserved for such men as Magendie, Tiedemann, Claude Bernard, Lehmann, and C. Schmidt, to extend the boundaries of our knowledge, and reproduce in a more exact form the *natural functions* of this remarkable gland, reference to which will be made under another heading.

ANATOMICALLY.—The liver may be described as a secreting and excreting gland of a prodigious size, occupying a considerable space in the upper part of the abdominal cavity; irregular in form, measuring through its longest diameter about twelve inches; in weight, from four to five pounds, and having on its under surface a pear-shaped reservoir for the reception of the bile—the gall bladder. It is bounded above by the vault of the diaphragm; anteriorly and laterally by the arch of the ribs; posteriorly by the spinal column; and below by the stomach and intestines.

In *Structure*, the liver is divided externally into five lobes, viz. the right, left, quadrangular, lobe of spigelius, and caudated lobe; the outline of these lobes are marked by an equal number of fissures, viz. longitudinal, the venous duct, the transverse, the gall-bladder, and the fissure for the vena cava. It is held in position by an equal number of bands, or ligaments, four of which are reflections of the serous membrane of the intestines—"the peritoneum," viz. the longitudinal, two laterals, the coronary, and the fifth, or round ligament, formed upon the obliteration of the umbilical veins of

the fœtus, whose place it occupies. The blood vessels and lymphatics are likewise five in number—namely, the hepatic artery, portal veins, hepatic veins, hepatic ducts, and lymphatics.

The nerves entering the liver are derived from the systems both of animal and of organic life; the former spring from the right phrenic and pneumogastric nerves, the latter from the hepatic plexus of the great sympathetic track.

The minute structure of this wonderful laboratory is composed of a vast number of bodies, called lobules, which do not exceed in size a millet seed, or a "homœopathic globule;" nevertheless, each lobule contains all the elementary parts of which the entire organ is constructed—namely, branches of the hepatic artery and veins, branches of the portal veins, branches of the hepatic ducts and secreting cells.

The portal veins, hepatic artery, and hepatic duct, are enclosed in a sheath of fibro-cellular tissue, called "Glisson's capsule;" they enter the liver together at its transverse fissure, and ramify through the whole substance of that organ.

PHYSIOLOGICALLY the portal vein distributes its branches through portal canals, which are channelled through every portion of the organ, however minute; it conveys the returned blood from the chylo-pöietic viscera; it likewise collects the venous blood from the extreme ramifications of the hepatic artery in the substance of the liver itself. It gives off branches in the canals, called vaginal, and form venous vaginal plexuses; these give off *inter-lobular* branches, and the latter enter the lobules and form *lobular venous plexuses*, from the blood circulating in which the bile is secreted.

The bile so secreted in these *lobular-plexuses* is now received by a net-work of minute ducts, the *lobular biliary plexuses*, and conveyed from the lobule into the *inter-lobular ducts*, from thence it is poured into the biliary *vaginal plexuses* of the portal canal, thence into the excreting ducts, by which it is carried to the gall-bladder, and from thence into the duodenum, or the first stage of the small intestines, where it comes in contact with the pancreatic juice, and the chyme from the stomach, and converts the latter into chyle.

The hepatic artery distributes branches through every portal canal, and gives off what is termed *vaginal* branches, which form a *vaginal hepatic plexus*, from which the *inter-lobular* branches arise; and these latter terminate ultimately in the *lobular venous plexuses* of the portal vein. The artery rami-

fies abundantly in the coats of the *hepatic ducts*, enabling them to provide their mucous secretions, and supplies the nutrient vessels of the whole organ as well.

The *hepatic veins* commence in the centre of each lobule by minute radicles, which collect the impure blood from the *lobular venous plexus*, and conveys it into the *intra-lobular* veins; these open into the *sub-lobular* veins, and the *sub-lobular* veins unite to form the large *hepatic trunks* by which the impure blood of the liver is conveyed into the *vena cava* as it passes through the organ. Such is a brief outline of the structure and minute anatomy of the liver, as recorded by that eminent anatomist and physiologist, the late Mr. Kiernan.

The knowledge we at present possess of the physiological functions of the liver, as drawn from the foregoing anatomical arrangement, coupled with the brilliant experiments of such men as Bernard, Sharpey, Harley, and others, enables us to arrive at the following conclusions—viz.:

1.—That the bile is secreted wholly from venous blood, such blood being collected from the *chylo-poietic* viscera.

2.—That the hepatic artery carries pure (oxygenated) blood into the liver to supply nourishment to its various structures.

3.—That the hepatic ducts collect the bile and carry it into larger canals, and from thence into the main *reservoir*—the gall-bladder.

4.—That the liver participates directly in the generation of the elementary principles of the blood, and that it moreover assists in purifying the blood by excreting *carbon* and hydrogen, which being subsequently reabsorbed, combine with *oxygen*, and thus assist to keep up animal heat.

5.—That the liver is a large manufacturer of sugar, which, according to C. Bernard, is burnt off in the lungs, and goes to sustain animal heat; but according to Chauveau and Harley, plays an important part in the process of nutrition. This appears to be a far more feasible idea than the former, as it is a well-known fact, that while bees have the power of transforming sugar into wax, man and other animals change it into adipose tissue. Negroes are said to become fat and lazy during the sugar harvest, from sucking the fresh cane. Babies fatten on sugar quicker than anything else; and for a like object I have known molasses and coarse sugar given to pigs.

Lastly.—The liver, as we have already observed, secretes bile, which, when blended with the juice from the pancreas, converts the *chyme* into *chyle*. It also performs another im-

portant office, namely—acting as an aperient, "Nature's own black draught;" for whenever there is a scanty secretion or excretion of bile, constipation invariably follows, as clearly indicated in torpor of the liver, biliary congestion, and jaundice. Restore the natural functions of the liver, and you obtain a healthy and regular supply of bile, a train of morbid symptoms will disappear, and natural evacuations will follow.

RELATIVE WEIGHT AND SIZE OF THE LIVER IN HEALTH AND DISEASE, AND ITS DIAGNOSTIC VALUE IN ITS NORMAL AND ABNORMAL CONDITIONS.

In order to be able to form a correct diagnosis of diseases of the liver, it is essential that we should be able—in a forensic, pathological, and clinical point of view—to draw a line between the *Normal* and *Abnormal* conditions of that organ; it should at the same time, however, be observed, that the absolute weight of the liver usually increases and decreases in proportion to the weight of the body, so that the term *absolute* can only be employed in a comparative sense.

The relative weight of the liver in proportion to that of the body has occupied the attention of many eminent authorities.

Bartholin, for instance, gives it as 1 to 36; Haller as 1 to 25; and theaverage weight of the gland, according to the last-named authority, was calculated at 45 oz., or 3-7 pounds; by Cruveilheir at three pounds; by Huschke at 4 to 6 pounds; and by Frerich at 4.6 pounds avoirdupois.

The statistics from which these calculations were gleaned were made upon individuals who had died suddenly—from accidents, without the loss of any blood; and whose livers on careful examination, presented a perfectly healthy appearance.

Age.—Frerich states, "That it is during the first stages of infantile development that the liver is largest in proportion to the size of the body." Portal and Meckel have calculated that the liver in new-born children ought to be one-fourth heavier than in children from eight to ten months old. As age advances, the organ becomes smaller, and much in advance of that of the body. In old age therefore, the liver presents a marked contrast to the muscular tissue of the heart; as there is as a rule, *atrophy* of the former, and *hypertrophy* of the latter.

Sex.—With regard to sex, Francis Glisson in 1750 maintained that the liver is heavier in men than in women;

Dumas maintained the very reverse. Frerich however, has been unable to detect any marked differences dependent upon sex, beyond the fact, that in "scrofulous women" he found it large, and attributes it to the abundant deposit of fatty matter.

Digestion of Food.—The process of digestion exercises a marked influence over the size of the liver, particularly during its second stage (chylification); this is partly owing to the state of congestion which then takes place, and partly to the abundant deposit of granular and amorphous materials in the interior of the hepatic cells. Still more striking is the influence of a diet rich in fat, and so bulky, with at the same time an impaired power of digestion; in such cases the deposit of fat in the substance of the gland induces an undue proportion in its size. Bidder and Schmidt found the relative weight in such cases to be as 1 to 16; and another observer, Lereboullet, ascertained that in geese the relative weight of the liver varies from 1 in 26 to 1 in 18, after feeding for two weeks upon maize, and that after four weeks it rose to 1 in 12.8. Such statistics are exceedingly interesting, and of great value to the physician in a clinical and hygienic point of view, as they point out to him the absolute necessity of selecting a diet devoid of those aliments which go to form adipose tissue.

NORMAL AND ABNORMAL CONDITIONS OF THE LIVER.

In the diagnosis of diseases of that gland, an accurate knowledge of the size and form of the organ is one of the first points for consideration. The size and normal position of the liver have already been referred to, and its boundaries after some experience, can be defined by *percussion*,—*palpation*,—*mensuration*,—sometimes by *auscultation*—and careful *manipulation*. Its abnormalities present features of considerable interest, and such as we find in no other organ of the body; some of these manifestations are congenital, which on a cursory examination at the bed-side may easily lead to a wrong diagnosis. Thus, some livers of this type are found to be quadrangular; others with a prolonged left lobe, bearing a similarity to a leg of mutton laid across the hypochondriac region; and others, where adhesions take place between the extremity of the left lobe and spleen. To these congenital deformities may be added a more numerous class of what may be classed *acquired* malformations; these arise partly from deformities of the thorax, from diseases of the hepatic tissue, from tumors, cancer, abscesses, hydatids, and from tight lacing. The liver may also be entirely dislodged or dislocated

from its natural position; the most frequent cause of this is undoubtedly *tight lacing*, which forces the gland downwards even as far as the pubis; lateral dislocations likewise take place from pulmonary emphysema, from effusions into the right or left pleural cavity, from pericardial effusions, and from eccentric hypertrophies of the heart.

CAUSES OF DISEASES OF THE LIVER.

In order to avoid unnecessary repetiton, whilst considering the diverse forms of hepatic derangements, we shall here glance at the most prominent *causes* which the experience of many authors and observers have found to occasion them. These causes may produce various effects, or allied effects, according to the *treatment*, *constitution*, mode of living, &c., of the individuals prone to such disorders.

Age.—As regards age, it has been found that diseases of the liver seldom occur until after puberty, unless it be in the children of Europeans residing in the East Indies or other intertropical climes.

Temperament.—The sanguine, sanguino-melancholic, the irritable, and those of a scrofulous diathesis, are more frequently attacked with liver diseases than others. In the young and middle-aged the diseases are chiefly *acute* and *inflammatory;* at more advanced periods they are most frequently *congestive* and *structural.*

Climate.—The climacteric causes may be set dow as—high ranges of atmospheric temperature, and the circumstances connected with them, such as a sudden change from dry to a humid air; exposure to the sun's rays; malaria, etc.

Diet and Regimen.—Next to climate and temperature, may be set down an irregular mode of living, such as partaking largely and frequently of animal, rich, highly-seasoned, incongruous dishes, sauces, spices, low-classed wines and spirituous liquors, unwholesome food, and impure water. Mercurial preparations are likewise known to exert an undoubted influence in producing disease of the liver, either of an inflammatory or of an obstructive character; to these may be added the absorption of morbid or fæcal matters from the alimentary canal, indolent and sedentary occupations, mental emotions, dysentery and chronic diarrhœa. The suppression of habitual discharges, such as hæmorrhoids, and catamenia, leucorrhœa, the disappearance or drying up of eruptions and ulcers, the closing of fistulas, sinuses, and the operation for piles, etc., have been no uncommon causes of diseases of the liver.

Finally, of the several races of mankind, the white or fair races are the most prone to hepatic disorders. The immunity of the dark races, particularly the Negro, from diseases of the liver, is very remarkable, even in climates where these diseases may be considered as epidemic.

FUNCTIONAL DISORDERS OF THE LIVER.—Under the head of functional disorders may be embodied all those conditions of the biliary secretions which differ more or less from the healthy state, and terminate, sooner or later, in further and more serious mischief.

The chief derangements which fall under this head are :—

1. Diminished secretion of bile ;
2. Increased secretion of bile ; and
3. Secretion of morbid or altered bile.

DIMINISHED SECRETION OF BILE.

Better known as "torpor of the liver," and more familiarly so as a "bilious attack,," may be briefly defined as —An irregular or costive condition of the bowels, the stools being insufficiently charged with bile ; a sallow or muddy appearance of the countenance ; dejection of spirits ; flatulency ; and various other symptoms of a dyspeptic character.

The chief causes which lead to an impaired action of the liver are—sedentary occupations, indolent indulgences, neglect of exercise, exposure to cold, humidity, or malaria, after fatigue or excessive perspirations ; habitual over-excitement of the stomach and liver, from eating and drinking rich and heating articles ; a neglected condition of the bowels, or accumulations of secretions and fæcal matters in the intestinal canal.

The symptoms (says Copland) of impaired action of the liver are not always very manifest ; and it is often very difficult, or even impossible to determine, even when these symptoms are well marked, whether or no they depend merely upon diminished energy, or upon change of the structure of the organ, and of its appendages, unless we obtain a correct history of the patient's habits, and the nature of his former ailments. For instance, when such a patient complains,—after enjoying good health, or without having experienced, on former occasions, eithe acute or chronic affections of the liver or stomach,—of dyspeptic symptoms, with a costive or irregular state of the bowels, the stools pale, or clayey, the urine dark or high-colored ; want of appetite, lowness of spirits, a foul and coated tongue, a bitter or nasty

taste of the mouth, a dark, sallow, or dingy appearance of the countenance, with fulness or tenderness in the hepatic region, it may be fairly inferred that the functions of the liver are only *simply deranged.* Should however, the above train of symptoms occur in a patient who has for years lived intemperately, both in eating and drinking, or who has resided for years in a hot climate, or who has suffered from repeated attacks of the same disorder, the inferences are, that such impaired functions may be associated with *congestion, inflammation,* or some deep-seated *organic lesion* of the substance of the liver.

TREATMENT.

Allopathically.—Torpor of the liver is usually treated by the various mercurial preparations, saline and deobstruent aperients, and Taraxicum ; failing this, by potass., soda, aloes, and saline or bitter stomachic aperients ; failing this, by emetics, blisters, nitro-muriatic acid, plasters, iodine of potass., and inspissated ox-gall.

Homœopathically.—Simply torpor of the liver will yield kindly enough to such remedies as the *Podophyllum peltatum, Leptandra Virginica,* and an occasional or alternating dose of *Nux vomica,* to correct stomach derangements. The two former may be taken in five or six drop doses of the tinctures in the matrix form, three or four times a day, the latter in the first or second decimal dilution.

In the more obstinate and aggravated form of torpor of the liver, when there exists a bilious headache, further characterized by a violent aching pain in the whole head, with a feeling as if the brain were sore, accompanied by a copious flow of water from the mouth, nausea, vomiting of green and yellow bile, and a muddy or sallow hue of the countenance, *Merc. sol.* in the first or second trituration will not fail to relieve the sufferer ; and in the still more obstinate form, or when it assumes a chronic character, indicated by a recurrence of the attack from time to time ; a sallow with icteroidal tint of the face, a coated tongue, a clammy mouth, fulness and tension in the right hepatic region, distension and hardness of the abdomen ; constipation, which at times alternates with green, dark-brown, reddish, or slate-colored loose stools, at times tinged with blood and slimy mucus ; I have found great benefit, and often a radical cure, to follow a repetition of *Merc. sol., Leptandra, Taraxicum,* and *Nitro-muriatic acid ;* and an occasional Turkish Bath, with a prolonged shampooning over the region of the liver ; a cold compress, worn both night

and day; horse, running, and gymnastic exercise; early rising, followed by a cold sitz-bath, and a resort to some of the deobstruent and aperient mineral waters, such as *Seidchutz* and *Pulna*, in Germany; *Cheltenham*, in Gloucestershire; *Leamington*, in Warwickshire; and the celebrated *Sulpho-Saline*, of Llandrindod, in Randnorshire.

(To be Continued.)

ON MEASURING THE CHEST.—*(Medical Press and Circular.)* Dr. Frœhlich, of Dresden *(Virchow's Archiv.)* gives for chest measurement the following directions, attention to which would insure uniformity of procedure: The person to be examined should stand in an unconstrained position before the physician, breathing with his mouth shut, and should raise both arms, stretching them out horizontally. A tape not broader than 1 Cm. (about ⅜ of an inch) should be placed around the chest directly under the inferior angles of the scapulæ behind, and the nipple in front, and should then be read off, first after the deepest inspiration and then after the deepest expiration, and both data recorded. The author then sums up the results which he has obtained by this method of observation, of which some of the most important are as follows: The average circumference of the chest measured in 725 healthy men, 20 years of age, was, after deepest inspiration, 89 Cm. (about 35 inches,) and after deepest expiration, 82 Cm. (about 32¼ inches,) the average play of the chest being thus 7 Cm. A circumference of only 75 Cm. (29½ inches) indicates what the author calls an unripe chest, and should exclude the person from military service. A circumference of 750-759 Mm. should under exceptional circumstances, be considered sufficient for military service; but when it reaches 760 Mm. (30 inches,) if the person is otherwise healthy, then it ought to suffice.

PULSE OF VARIOUS ANIMALS.—Vatel, in his "Veterinary Pathology," gives for our domestic animals the following pulse: Horse, from 32 to 38 pulsations per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; dog, 90 to 100; cat, 110 to 120; rabbit, 120; guinea-pig, 140; duck, 135; hen, 140.

CHOLERA, A PROBLEM.—A paper in one of our standard periodicals commences with these words: "It is generally held that cholera can never be produced *de novo* and has never been so produced." Ed. *Pacific Medical and Surgical Journal* asks: Did it exist from all eternity?

CHOLERA OF 1873.

A "PERNICIOUS GASTRO-INTESTINAL CATARRH, OR FALSE CHOLERA."

BY WILLIAM H. HOLCOMBE, M., D. OF NEW ORLEANS.*

A pernicious gastro-intestinal catarrh, reported as *Cholera sporadica*, prevailed in New Orleans, from March to July. Like the great epidemics of the Asiatic cholera, it was preceeded by influenza and followed by dysentery, although in a minor degree. But there were so many differences, that the old experts of 1849-50 could not confound the recent epidemic with the terrible malady that is said to have originated on the banks of the Ganges.

There was no Asiatic cholera nearer to us than Central Europe, and no recorded advance of it westward. Our disease was not imported by sea-going vessels, nor brought by railways. It originated here, and not on the river banks, nor among the marine population. It did not spread from any one centre or focus. The first five or six deaths occurred at points in the city far distant from each other. There was no sign whatever of contagion. There were multiple deaths reported from but two houses in the city. I saw thirty-one cases, and every one was in a different house, and in a different family.

My general scepticism as to the current and popular etiology of diseases was strengthened by my observations of this particular malady. Cholera is said to be a disease of hot weather, and the winter epidemics of Northern Europe are ascribed to the dense heat and filth of over-crowded and ill-ventilated rooms. Our disease began when the weather was cold, and vanished entirely just at our point of extreme heat.

In three-fourths of my cases, no cause whatever having the least rational basis could be assigned for the attack. Make out a full list of all the supposed causes of cholera, and, with a full practice you can jot down case after case as having occurred under precisely the opposite conditions.

In leaving New Orleans, it did not follow the main routes of travel. More cars and passengers run from our city daily to Mobile and to Louisville than to any other point, and those cities have escaped entirely. Nashville, which suffered sooner and more severely than other places, is entirely off the direct

* *United States Medical and Surgical Journal for October.*

line from New Orleans, and has very little communication with us. The disease, moreover, has passed by great citias, railways, and river courses, and fallen like a thunderbolt on sundry obscure and remote inland towns, in the interior of the Southern and Western States.

The causation of cholera is still an unrevealed mystery, and so will ever remain as long as etiology is studied from standpoints exclusively physical and materialistic, and the great spiritual *rapport* between man and nature entirely ignored.

There were 232 deaths by cholera reported in four months. But many of the 368 deaths reported during the same time as cholera-morbus, cholera-infantum, diarrhœa, etc., were no doubt, with more truth to be assigned to the prevailing type —the pernicious gastro-intestinal catarrh. Why should more than a hundred deaths attributed to cholera-morbus in 1873, when only three deaths were reported in 1872 from that rarely fatal malady? The deaths by cholera-infantum are reported as double those of last year, whereas the extraordinary comparative coolness of our summer ought to have made that disease less fatal than usual.

My impression is that the disease was of a very mild type, and that the fatal cases were the wholly neglected ones, or the result of outrageously bad treatment. Cholera, even the most malignant Asiatic, leaves the brain and mental faculties conspicuously clear, and when you hear of cholera patients dying stupid and comatose, as I frequently did, you may suspect that their allopathic friends have caused or hastened their exit into the spiritual world by opiates—kindly meant.

The symptoms were that of mild Asiatic cholera; very copious rice-water evacuations, intense pains in the abdomen, cramps in the extremities, frequent vomiting, prostration, cold sweats, cold tongue, feeble pulse, intense thirst, restlessness, etc. In a few cases where there were incessant jactitation, a husky voice, and venous suffusion of countenance. In one of my cases there was suppression of urine for thirty-six hours. I saw no genuine collapse.

One of the earliest things noticed was the failure of *Camphor* to do what was confidently expected of it. Almost every patient had taken several drops of Camphor, every three or five minutes, for a good while before I reached the bedside, and nearly always without any appreciable result. This was surprising to them all. Every homœopathic family knows that Camphor is one of the best specifics for cholera. Even the

allopaths are finding that out. Dr. Ringer, whose Therapeutics, well saturated as it is with homœopathic ideas, is the best allopathic book which has appeared in the last decade, gives Hahnemann's exact prescription for the use of camphor in cholera as if it was his own discovery. But Camphor must fit the case exactly, or it will be of little value; and this was not a Camphor epidemic.

Camphor represents the sudden and rapid development of genuine Asiatic cholera. The symptoms which call for it are: Great muscular prostration, occurring simultaneously with mental apathy, coldness of the whole surface, hoarseness, stupor, intense anguish,—and all before any great sweating, vomiting, or purging has exhausted the system. It does not represent an extensive gastro-intestinal catarrh, but rather a terrible shock to the great sympathetic nervous system, and suits the congestive chill of malarious diseases just as it does the worst form of Asiatic cholera, in which the case seems to begin, instead of ending, with collapse.

Now there may have been cases of that kind in the city which might have been saved by camphor, but I saw none of them. The constitutional type of the disease, as it came under my notice, called especially for *Veratrum alb.*; vomiting and purging of rice-water, cramps in the abdomen, cold skin, nose, face, and tongue, cold sweat on the forehead, feeble pulse, etc., with no special rapidity of development in the case.

In every case I alternated *Veratrum 1st dec.*, with *Cuprum 3d cent.* every five minutes, until the cramps and discharges ceased, which occurred in almost every case in from two to four hours. I enjoined the horizontal position, insisting even upon the use of the bed-pan for the evacuations. I allowed ice water to drink, frequently, but no more than a quarter of a common tumbler at each time. Insisted upon the patient lying still and under moderate cover. Applied a mustard plaster over the whole abdomen in some very painful cases, and in one instance where the evacuations were of enormous size, gave injections of starch-water and laudanum with apparently good effect.

The difference between Cuprum and Veratrum seems to be this: *i.e.*, Veratrum affects the sphere governed by the great sympathetic; Cuprum, the cerebro-spinal sphere. Veratrum has cramps predominantly of the involuntary muscles; Cuprum predominantly of the voluntary muscles. Cold sweating demands Veratrum especially, while violent cramps call more loudly for Cuprum. Either remedy may be used alone with

excellent effect when clearly indicated ; but in the cholera, the cerebro-spinal and the ganglionic symptoms are so often implicated together, and act and re-act upon each other, that I thought it best to alternate the remedies, and the brilliant result has in my opinion justified the measure.

When you see cases of cholera of the genuine camphor type, you may be sure that cases demanding *Arsenicum* and even *Secale cor.* will present themselves. Arsenicum may be said to represent the reaction against the Camphor-congestion. In other words, a case of Camphor-cholera, slowly rocovering, will almost certainly call for Arsenicum. And when camphor is rarely indicated in the beginning, you will rarely find a demand for Arsenicum.

In the late epidemic the characteristic symptoms of Arsenicum did not appear in any of my cases. Incessant restlessness and change of position ; intense thirst, satisfied for a few moments by a small quantity of water ; cold skin, with great subjective heat ; violent burning pain in the epigastrium, and discharges, not rice-water, but frequent, scanty, and of a dark or yellowish water. It takes all these symptoms combined to make a true Arsenic case.

I saw one case which recovered slowly under *Arsenic* and *Carbo. veg.* 30th attenuation, after Veratrum and Cuprum had arrested the rice-water discharges and cramps, but failed to advance the cure beyond that point. The patient was an old English woman, and the symptoms remaining were : retching without vomiting, dirty, yellowish discharges, flatulence, huskiness of voice, slight discoloration of countenance, thirst, restlessness, and fear of death.

The Arseniate of Copper—*Cuprum Arsenicum 3d cent.*, was found very useful in the cholera diarrhœa which has prevailed during the summer, in the disturbed condition of the bowels during convalescence from cholera, and even in some of the dysenteric cases which prevailed on the decline of the epidemic.

For the stage of reaction after an attack of cholera, Aconite is unquestionably the best remedy I put ten drops of the mother tincture into half a glass of water, and gave two teaspoonfuls hourly. My experience with that dose has been so satisfactory that I had no occasion to experiment with the higher attenuations.

Abdominal neuralgias were very frequent during the prevalence of the disease. Cramp in the stomach, bilious colic,

ovarian neuralgia, nephritic colic, lumbago, and sciatica were prescribed far more frequently than before. Several cases were mistaken for cholera sicca, dry cholera, from the very violent and alarming symptoms, which proved nothing but intermittent neuralgia of the cœliac plexus.

I lost one case of the late pernicious gastro-intestinal catarrh, or false cholera, as I would term it. This is not at all surprising, when none of the cases were of the very severe type, when they all occurred in patients of most comfortable circumstances and surroundings, when I was called in ample time to every case, and when the treatment was homœopathic. I do not believe that the most judicious allopathy, with all the same advantages, could have presented so fair a result.

Cholera in Nashville—Its Relation to Food.—*(Pacific Medical and Surgical Journal).* Dr. Bowling, of the Nashville Medical Journal, referring to the fact that there were 17 deaths, from all causes in that city in May, and more than 1,000 in June, and to the filth of the city as the imputed cause, asks how it was that one hundred persons died on the 20th of June, and only two individuals on the 9th of July, when the city was just as filthy at the latter date as the former. He also speaks thus positively of the relation of certain foods to the disease.

"We printed it in our *Journal*, reprinted it in pamphlet form, and sent it broadcast through the land, proving, as far as proof was possible on such a subject, that no one who abstained from fruits, vegetables, and animal products, died of cholera; that no one died here in 1849, 1850, 1854, or 1866, who thus abstained. And now we record again, that not one has died here who so lived, and that we can repeat what we published in cholera pamphlet in 1866, that one has it absolutely in his power to save himself in this disease. We said, in 1850 and in 1866, that we claimed it as an original discovery, that cholera would not prey upon one who had no fruit, vegetables, nor animal products, in his stomach. And now, to-day, our whole population believe it, and not one death in all our city, of which anything is known, that is not traced directly to a want of a knowledge or obedience to that law. Mark me, every death! And not one death has occurred among those—numbering more than twenty thousand people—who ate no fuits, nor vegetables, nor animal products, during the existence of the scourge. No, not one! We have had no contemptible practice here, as all know, for a quarter

of a century, and not one of all the people to whom we are physicians in ordinary, but what is this day, July 10th. 1873, two days after no interment from the last scourge, alive, and able to hold up his hand, and not occupying a hole in the ground at Mount Olivet, or elsewhere."

"We will show, hereafter, that one brave, good man, with five assistants, did drive—literally drive—cholera out of the negro villages around our city, when it was at its worst. But they carried hope in their faces, medicine in one hand, and chickens in the other; but ne'er a vegetable ne'er a time."

Precisely what Dr. Bowling means by animal products we do not know. But we do know that so long ago as 1832, when cholera first swept over our country, the indiscriminate use of fruits and vegetables was universally conceded to be highly dangerous, though they were not proscribed to the extent required by Dr. B. Most persons will regard him as extravagant in his statements, but nevertheless they are worthy of attention. We have always entertained the belief, founded on the experience of several cholera campaigns, that too much reliance is placed on external appliances—disinfectants and the like—and too little on the protection of the individual stomach. We regard it as true, almost to the extent asserted by Dr. Bowling, that, during an epidemic of cholera, every person carries his life in his own hand, as it were, and may preserve it, with much certainty, by placing a quarantine in his mouth, and by attending promptly to the first symptoms, should they occur.

THE CHOLERA.—As our readers are well aware, the cholera still prevails in Europe, Asia, and America. In some districts, the reports are sufficiently alarming, yet as we previously reported, the disease does not spread in that irresistible manner which has characterized its previous invasion. Indeed, there appears to be "a change of type." In South America, the attack is said to present many features of Asiatic cholera, but the *rice-water* discharges, which are most characteristic, are absent, the motions being yellow, or "bilious." At the end of June, it began to decline, and is believed to be due to fruits, vegetables, sewerage, and other causes, which suddenly increase the amount of *Carbonic acid* in the blood. (*Arsenicum* has proved of great value in these cases).

In Italy, there were to the middle of August, 160 cases and over 100 deaths; from the 7th to the 21st of August, 100 seizures occurred in Munich, and the deaths were 40; at Königsburg, there were 82 cases and 32 deaths, from the 3d

to the 11th; in Dantzic, 16 new cases occurred in one day; the middle of August saw a great increase of the disease in Vienna, there being over 530 cases, of whom 215 died; and in other places the numbers have varied according to the sanitary arrangements. Two deaths occurred in London, the victims being emigrants from the continent. Energetic measures were adopted to prevent the spread of the disease, and we have heard of no fresh cases.

We note, generally, that hygienic means have frequently limited the disease and stayed its ravages. But for wise precautions on every hand the present epidemic would undoubtedly have proved much more disastrous than it seems likely to do.—*(Homœopathic World.)*

HOT SAND BATH.—This is the latest discovery offered by a therapeutist of London, as an "infallible cure" for rheumatism. He claims that the advantage of this mode of treatment consists, especially, in the fact that it does not suppress perspiration like the hot-water bath, but rather increases it; and another advantage it possesses is, that it does not interfere with the respiration of the patient, as does the steam bath or Turkish bath. It is asserted that the body can endure the influence of such a bath for a much longer time, and a much higher temperature can also be applied. It can be used for infants, and permits of easy application to a part or to the whole body. If this remedy shall prove efficacious for so serious an ailment, it will indeed be a boon to a large class of sufferers.

TOBACCO.—Quaint old Burton, Anatomy of Melancholy, published 1621, (II, 109) says:

"Tobacco, divine, rare, superexcellent tobacco, which goes far beyond all their panaceas, potable gold, and philosopher's stones, a soveraign remedy to all diseases. A good vomit, I confesse, a vertuous herb, if it be well qualified, opportunely taken, and medicinally used; but, as it is commonly abused by most men, which take it as thinkers do ale, 'tis a *plague, a mischief, a violent purger of goods, lands, health, hellish, devilish, and damned tobacco, the ruine and overthrow of body and soul.*"

ORANGE-COLORED SPECTACLES. (*Homœopathic World.*) Dr. Stearns writes:—"The Photographer uses orange-colored glasses to exclude the actinic rays of light, and why some optician has not had the genius to see that orange is the proper color for spectacles, instead of green or blue, for persons with weak eyes, is beyond my comprehension. A room in the hospital with which I am connected is lighted through orange-colored windows, and is used by patients who have certain diseases of the eyes, requiring the exclusion of the actinic rays of light. It has been very satisfactory."

ALBUMEN OBTAINED FROM MILK.—M. Schwalbe has found that by adding one drop of the oil of mustard to 20 grms. of cows milk, the casein is transformed into albumen. If this discovery is confirmed, it will be of great importance in the art of calico-printing.

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XIV.—CHRONIC BRONCHITIS.*

Hepar Sulphur Calcareum. Doctors differ as to the value and sphere of action of this remedy. Bæhr says that "Hepar is an important remedy in croupous bronchitis, likewise in the less acute or even chronic form of the disease; in capillary bronchitis, its applicability is questionable." Hempel rejoins: "We do not agree with Bæhr in this statement; we have used Hepar in this form of bronchitis with striking benefit, giving the third to the sixth attenuation." Arthur Lutze recommends it for "cough with a barking sound, as if the upper portion of the air-passages is affected," and Marcy says that, "when bronchitis is complicated with *augina trachealis*, we may resort to *Spongia tosta* with confidence, either alone or in alternation with *Hepar sulph. c.* But Hempel, in his work on Practice, maintains that it is useful if the terminal bronchia are the seat of the irritation, with dry, tearing, spasmodic cough. Meyhoffer estimates Hepar at its true value. "*Hepar sulphuris calcareum*, 2nd and 3d decimal trituration, one grain morning and evening, will not be unworthy of reliance in the chronic catarrh of scrofulous children and adults, especially when the morbid process shows a tendency to invade the pulmonary vessels. This is the moment when careful auscultation will enable the physician to nip in the bud the further progress of catarrhal pneumonia, by appropriate means, of which Hepar is one of the most efficient. This substance is not of minor importance in the bronchitis, engendered by the swelling of the bronchial glands. In such circumstances

* Continued from page 491.

the remedy must be continued as long as the improvement which it elicits is progressive. In sub-acute catarrhal processes, Hepar corresponds to the stage characterised by the incipient collection of mucus in the air-tubes. As this fluid at that period is composed essentially of mucous cells, and contains a very small proportion of pus-corpuscles, it is thus rendered particularly glutinous and sticky. Hence the violent and suffocative paroxysm of coughing, often attended by retching, which precede its expulsion. In such instances I prescribe Hepar 3d, three grains to six ounces of water, one table-spoonful every two hours, with marked benefit." While Hepar has intense and well-marked action on the larynx and trachea, there can be little doubt that it has equal affinity for the terminal bronchial tubes, and its prompt effects in spasmodic asthma illustrate this. Marcy and Hunt say that "in cases which seem to have been connected with suppression of *salt-rheum*, or other eruptive diseases, or metastasis of arthritic inflammations, this remedy is frequently applicable. It is also useful in those cases which threaten to terminate in pulmonary consumption."

The characteristic cough of Hepar is a dry, rough and hollow cough ; or the cough may be dry and crowing, and coming on in violent paroxysms. The expectoration is generally mucous, though sometimes bloody froth is raised, and occasionally small, hard tuberculous masses. The respiration is hoarse, anxious and wheezing, and is much aggravated by lying down. The dyspnœa is very marked, with suffocative attacks which force the patient to throw the head back in order to take breath. The voice is hoarse and croaking, and the fever, which exacerbates towards evening, is followed by night-sweats. "A characteristic indication for Hepar is a dry, spasmodic, barking cough, with a wheezing sound over the whole thorax, without any real mucous râles ; it is a steady cough, only at intervals increasing to frightful paroxysms, with danger of suffocation ; it is excited by every attempt to draw a long breath, and only results in the expectoration of a yellowish tenacious mucus" (Bæhr).

Almost all our writers recommend very material doses. Meyhoffer tells us to use the 2nd and 3d decimal triturations, one grain morning and evening; Marcy and Hunt say that the third trituration may be used, a dose from two to four times in twenty-four hours; while Hempel gives from the 3d to the 6th attenuation. My own experience is favorable to the 12th decimal trituration, and I have seen splendid results from the 30th centesimal dilution.

Stannum metallicum, highly valued by some physicians of our school, is looked upon as worthless by others. Bæhr—who but expresses the opinion of many others—bluntly says: "it has been tried by us in many apparently suitable cases without any result; we cannot recommend it, whatever others may say to the contrary." On the other hand, Hahnemann assigns it a very high rank in the hierarchy of the antipsorics, and Noack and Trinks report a number of clinical cases in which it appears to have been used with advantage, while Teste gives very definite indications for its use. Meyhoffer—undoubtedly our best systematic writer on pulmonary diseases—says that, "from the 2nd and 3d triturations of Stannum, I have seen good effects in bronchial dilatation, with profuse purulent expectoration. I am free to admit that while I have seen notable effects from this remedy, in many well-marked cases—especially several under the care of Dr. A. T. Bull, of Buffalo—it has altogether failed in other cases in which it was apparently well indicated. "Rough throat. Hoarseness; weakness and emptiness in the chest; the hoarseness was sometimes momentarily relieved by a fit of cough. Mucus in the trachea, in the forenoon, easily thrown off by a slight cough, the chest feeling very weak as if deadened all over, with faintness of the whole body and limbs, in which a weak feeling is moving up and down; many mornings in succession. Accumulation of mucus in the chest, with rattling breathing, which can be felt internally, and heard by others. Titillating creeping in the throat, (larynx?) with a feeling of dryness, obliging one to cough. Irritation in the trachea, during an inspiration, as if from mucus, there being neither mucus nor dry cough;

it is more violently felt when sitting crooked than when walking. Short cough from time to time, as if from weakness of the chest, with hoarse, weak sound. Short and hacking cough, three short fits. Constant desire to cough, as if owing to much mucus in the chest, with an internal feeling of panting and slight rattling. Constant desire to cough, from a continual constriction of the trachea. Titillating cough, as if from a soreness deep in the trachea, with scratching rising up into the throat. Exhausting fits of cough, which produced a bruised sort of pain in the pit of the stomach. Oppression of the chest when coughing. Scraping throat, with greenish expectoration of a disagreeably sweetish taste, more violent in the evening before going to bed; hoarse speech; after every cough (with irritation in the lower part of the trachea,) sore feeling in the chest and trachea. Horrid cough, with expectoration, and spitting of blood. Yellow discharge from the trachea, having a putrid taste. Expectoration having a salt taste. Fit of asthma, short breathing and anguish, in the evening. The breathing becomes shorter in the evening, accompanied with anguish; he is obliged to breathe hurriedly for a long time, until he succeeds in drawing deep breath, when the shortness disappears" (Hahnemann). This remedy has generally been prescribed in the lower triturations, and I have found the 12th decimal trituration very effective.

Ars. Iod.—"Frequent coughs, with mucus, purulent, or stringy expectoration, often aggravated on exertion, and at night; asthmatic sensations, compelling the patient to sit up in bed to breathe; slight night-sweats. Dr. Nankivell reports great success from the use of this remedy in a case of pseudo-phthisis with incipient tubercular softening, consequent on bronchitis, with a family tendency to bronchitis, asthma, and emphysema. He first gave *Ars. Iod.* 3d dec. trit., one grain thrice daily, but after a relapse from an imprudent exposure, found the 2nd dec. dil. necessary, and suggests that even a lower dil. may be sometimes necessary" (Ruddock). I have used this remedy with remarkable success, but finding that a true aggravation resulted from the heroic dose above recommended, I used the 5th and 6th dec. triturations.

Sepia. Kreussler says that "Sepia will be found applicable to chronic inflammation of the air-passages, if psora be a complicating element," and Meyhoffer thinks that its indication will be apparent when the totality of symptoms forbids the exhibition of Pulsatilla, and herpetic manifestations on the skin decidedly point towards the medical use of Sepia. "Sepia may claim our attention in a similar cough as Spongia, but we must confess that we have never derived very striking results from its use. The numerous symptoms in the pathogenesis of Sepia, which points to bronchial catarrh, give evidence that Sepia must be a remedy for this disease. Only it is difficult, owing to the multitude of symptoms, to present a characteristic group" (Bæhr).

The cough of Sepia is sometimes a dry and spasmodic cough, attended with nausea, and resulting in bilious vomiting, but is generally attended with abundant expectoration of greenish or yellowish matter, purulent or even bloody, and of a putrid or saltish taste. The cough exacerbates in the evening and also in the late evening hours, and is accompanied by soreness and weakness of the chest—and a marked degree of dyspnœa is present. Bæhr points out that Sepia is not adapted to bronchial catarrhs, accompanied with bronchiatasia, emphysema, etc. Sepia acts best in the 30th dilution, and I have had fine results from the 12th trit.

Pulsatilla is the leading remedy when an attack of acute bronchitis threatens to assume a chronic form. "Pulsatilla is much more useful in chronic than in acute bronchitis, if the following symptoms prevail: Cough, principally at night, excited by tickling in the trachea, with copious expectoration of mucus; the mucus is mostly white, but frequently mingled with yellowish or greenish lumps that impart to it an oily, offensive taste. There must not be any emphysema, whereas the presence of tubercles as cause of the disease points to Pulsatilla. Pulsatilla is next to indispensable in the bronchial catarrh of chlorotic patients which almost always, although not in every case, depends upon tuberculosis. If, in the case of children, an acute catarrh gradually changes to the chronic form, Pulsatilla is a remedy of the first importance," (Bæhr).

The cough of Pulsatilla is at first dry, but it subsequently becomes moist, with considerable expectoration of a saltish or bitterish phlegm, or of phlegm tinged with blood, or of a yellowish or whitish appearence. The cough is attended with stitches and pain in the chest, with soreness of the throat and palate, and it proceeds from a tickling or itching in the larynx, or by scraping dryness in the trachea, accompanied with fatiguing pains in the abdomen, and stitches in the back, shoulders, side or chest, and it is relieved by rising up in the bed. The racking cough exacerbates at night, and in a recumbent position, and is accompanied by rattling of phlegm, nausea or even vomiting, and sensation of being stifled, with feeling of soreness or contusion about the belly, in the act of coughing. Hoarseness or even complete aphonia may be present, and coryza with yellowish, greenish and fetid discharge is not rare.

Meyhoffer has never used a higher dilution than the third; Marcy advises its exhibition at the first to the sixth potency, but I have seen the best results from dilutions ranging from the 12th to the 30th.

Lachesis. After a good deal of discussion, physicians of our school have very generally decided opinions as to the value of this Belladonna of chronic diseases, and while few of us hold it to be the absolute fraud it was by some held to be, not many esteem it as highly as did its votaries. Laurie furnishes the following excellent indications for its use in chronic bronchitis: "Lachesis is of much service when the fits of coughing, and other distressing sensations, are provoked or aggravated by the slightest external pressure being applied to the front part of the neck, or upper part of the wind-pipe, and when the patient is unable to bear the least touch in that part; or again, when a fit of coughing occurs as soon as the patient lies down, and he is accordingly unable to retain a recumbent position, or when a meal provokes or aggravates the symptoms; cough in the evening and at night, and even during sleep, awaking the patient with a sensation of want of breath, and an eager effort to obtain fresh air;

cough with distressing oppression at the chest; sensation as if a quantity of phlegm were lodged in the throat, but which no effort could dislodge; continual hoarseness, and sometimes prolonged and obstinate watery discharge from the nostrils; fits of coughing accompanied with pains in the throat and head, and even in the eyes and ears; exacerbation after sleeping." Dr. Bayes remarks that there is one form of bronchial cough in which Lachesis has proved almost invariably curative, *i. e.* after a long, dry and wheezing paroxysm of cough, suddenly there is a profuse expectoration of frothy, tenacious mucus, the expulsion of which gives great relief.

Tartar Emetic is the leading remedy is capillary bronchitis, and yet it is frequently indicated in the chronic form of the disease, indeed, Bæhr remarks that, "it is, perhaps, of greater importance in chronic bronchial catarrh, to which it is characteristically adapted." The cough it violent, spasmodic and suffocative, with copious accumulation of mucus in the trachea and bronchial tubes, often so copious as to cause deficient aëration of the blood from its presence, loud mucus rhoncus all over the chest. The expectoration, which is whitish, comes up in lumps. "In chronic bronchitis, with mucus expectoration, the choice generally lies between two great remedies,—the determining symptoms being the consistency of the mucus. If it comes up in lumps, be easy to detach and expel, or difficult only because of the muscular debility present, *Tartar Emetic* is usually the remedy. But where the sputa are difficult and tenacious, and comes up in long strings of opaque white mucus, the preference should be given to *Kali bichromicum*. This indication of the latter medicine, which has been verified over and over again, we owe to Dr. Drysdale, (Hughes). Bæhr remarks: "Very seldom, however, a favorable effect will be witnessed in cases where emphysema has already set in; for this reason the remedy is better adapted to chronic catarrhs of recent origin, that had taken the place of acute disease, than to inveterate cases." "Infants, especially, sometimes exhibit in the course of chronic bronchitis, sudden and alarming symptoms of suffocation, and mechanical irritation of the fauces is not always convenient or tolerated. In

such cases a vomiting dose of this salt does much good and cannot do harm. A solution of one grain of the 1st decimal trituration to half an ounce of water, administered by teaspoonfuls every ten minutes, suffices to produce, after the second or third dose, the ejection of the accumulated mucus. This proceeding is only to be adopted when a high degree of asphyxia demands immediate relief. Afterwards the 3d and 4th triturations act all the more favorably on the affected parts, as better oxydized blood contributes its share to an improved nutrition of the bronchial lining," (Meyhoffer.)

Mercurius solubulis is indicated in chronic bronchitis by paroxysms of cough, especially at night, with coldness during the paroxysms and distress for breath; there is a good deal of yellow muco-purulent expectoration, or there is raising of sweetish or saltish mucus and blood; soreness and ulcerative pain in the air-passages, especially during the cough, and the cough may give rise to nausea or actual vomiting. Hughes recommends the medium dilutions, and Bayes the sixth trituration.

APHORISMS.

1 The principal predisposing cause of the chronic bronchitis of children is deficient vitality, and the principal exciting cause is the frequent repetition of simple bronchitis.

2. This disease has many grades of severity, from the simple bronchial cough, without fever, to the malignant form, which can hardly be distinguished from consumption, and in all these forms one of the most marked features is the disposition to exacerbation.

3. In the early stages the percussion is normal, in the more advanced somewhat dull, and a very dull sound often marks the advent of phthisis pulmonalis.

4. The mucus rale is the principal auscultatory sign, and it often alternates with the sub-crepitant rale, and the sonorous rale or gurgling, forming what Laennec called "*the song of all the birds.*"

5. In the milder forms the prognosis is good so long as no organic change has taken place, but the severe forms are almost as hopeless as consumption. T. N.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

LIMIT OF THE ATMOSPHERE. *Letter of Dr. T. C. Van Nuys, from Westbaden, Germany, (Indiana Journal of Medicine.)*--C. Neubauer delivered a lecture on the "Limit of the Atmosphere." It is universally taught that the atmosphere is limited to about 35 or 40 miles from the surface of the sea. To prove the contrary Neubauer's first experiment illustrated the fact that a current of electricity could not pass through a perfect vacuum—that it could through air a short distance, and through highly attenuated air it could pass a great distance. The air was so rendered by attempting to produce a vacuum in a long glass tube by means of an air pump. The second experiment likewise demonstrated the degree of attenuation which matter can attain. A small quantity of musk, almost imponderable, scented a large room. Neubauer then illustrated the attraction which exists between solids and gases, by placing in a mixture of combustible gas and another which was its supporter of combustion, a small piece of spongy platinum, by the attraction in the interstices of the latter explosion ensued.

To illustrate the diffusion of gases, an earthen cell was sealed, having passed into its cavity the extremity of a U shaped tube. The tube was placed in an upright position and partly filled with mercury. By special contrivance when the space in the cell would increase, causing the mercury in the outer extremity of the tube to ascend, an electrical circuit would be completed by means of a battery—in the circuit, at a distant part of the auditorium, was a bell which would ring as long as electricity passed through the wires. When contraction in the cell would take place causing the mercury to ascend in the inner extremity of the tube, another circuit of electricity would likewise be completed, and another bell would ring. A large beaker glass was placed over the cell, no electricity passed either of the circuits, as the gases in the cell and beaker had the same proportions. But immediately, when a small amount of coal gas was passed into the beaker, diffusion took place and one of the bells gave the signal that the circuit was complete ; a little air blown into the beaker, sufficient to displace the coal gas, and the other bell gave notice that diffusion was taking place more rapidly from the cavity of the cell to that of the beaker. This beautiful experiment illustrates the activity and promptness of the force of the diffusion of gases. If the atmosphere would cease to be gaseous, except the small quantity in the cell, its molecules would separate so as ultimately to occupy places in the great vacuity equal distances one from the other, except being modified to a limited extent by the attraction of solid matter. In this diffusion there would be a consuming of heat, as there would be a change produced in the relation of the molecules.

From these facts Neubauer concludes there is no limit to the atmosphere, that near the bodies of the solar system the atmosphere is more or less in a condensed condition, depending on the relative size of the bodies. There are many other facts to establish this theory which Neubauer did not mention. The laws which govern matter are limited somewhat by its condition. As a solid, its molecule have no diffusion and are subject to

condensation by pressure; as a liquid its molecules are governed by the laws of diffusion, but cannot be condensed by pressure; as a gas its molecules are to the greatest extent subject to condensation equal to the force employed, therefore in this respect unlike the solids. As one ascends Mt. Blanc he very easily perceives the effects of the partial withdrawal of the atmosphere pressure, but this is no argument against the theory. The greater distance the molecules of the atmosphere are from solid matter, the more are they subject to the force of diffusion. Well may one imagine the eagerness with which Tyndall and Frankland witnessed the burning of three candles on the summit of Mt. Blanc, where respiration is rendered laborious. Combustion was equally as active as at the level of the sea, yet the flames appeared as mere skeletons.

CHLOROFORM AND CRIME.—(*College Courant.*) The late meeting of the Medico-Legal Society of the College of Physicians and Surgeons brought out some interesting facts in regard to the use of chloroform as an agent in the commission of crime. Nervous people may sleep quietly now, and those who are forever anticipating robbery or murder by the application of a chloroformed handkerchief are assured that the thing cannot be done without their knowledge. There is a class of persons, too, particularly exposed to the raids of chloroform operators—men who have charge of large amounts of money in banks, express offices, or on railroad trains and steamboats, and these are notified that the chloroform plea is played out. They cannot be robbed without their privity. It seems that from the first discovery of this anæsthetic it was feared that the vicious would use it to check resistance to the commission of crime. Dr. Stephen Rogers now shows, and he calls Dr. Snow, a distinguished authority in England, to corroborate him, that chloroform cannot be used effectively against the desire of the person to whom it is administered, unless force sufficient to control him is used. It is shown that this agent cannot be given to a sleeping infant without waking it, and that in every case time would be given to the intended victim to give an alarm before being rendered unconscious. The doctors are quite sure that a robber would use a deadly weapon before he would attempt the use of an agent which would so surely arouse his victim. This discussion is of much interest, as adding to our positive knowledge, and as correcting an error widespread in the community. Only the other day, in Ohio, in the case of an express robbery by chloroform, it came out that the victim was a party to his own unconsciousness, and that the crime was a put-up job between himself and his brother. A careful examination would, doubtless, exhibit a similar state of affairs in many other cases.

INHERITANCE OF APPETITE FOR ALCOHOL.—A striking instance of this kind has been recently brought to our knowledge. A lady, wife of the mayor of an Atlantic city, was a confirmed inebriate, and in spite of the most assiduous efforts made by her husband and others to restrain and reform her, continued to drink until her life fell a sacrifice to the indulgence. Her grandmothers were both intemperate, and they both died from drunkenness. Several of her brothers were inebriates. She had one child, a daughter, who exhibited in childhood a marked appetite for strong drink, and who drank to intoxication whenever she had the opportuity. This child died at the age of six years. During her brief life she was known to have been repeatedy drunk. So inveterate was her appetite for liquor that she resorted to the most cunning tricks in order to procure it —tricks such as would do credit to the ingenuity of an adult.

HOMŒOPATHY AND THE COMMISSION FOR REVISING THE CONSTITUTION OF MICHIGAN.

LANSING, Sept. 15.—The educational article, reported by the Committee on Education, and previously considered and agreed to in committee of the whole, was taken up, having been re-referred to the committee of the whole.

Mr. Withey moved an amendment to section two, so as to give the Board of Regents control of all the state funds of the University, and all appropriations by the Legislature, except as the act making appropriations for the University shall limit the use or uses to which it is to be applied.

Mr. Willits thought that would be the effect of the section as it stands.

Mr. Riley thought the proposed amendment right in principle, but thought it too sharp in expression. The same result might be reached by other language.

Mr. Withey stated that his object was to make the the section so explicit as to do away with the uncertainty that now exists.

Mr. Upson—"Wouldn't you be stirring up a hornet's nest?"

Mr. Withey—Perhaps so, among the homœopathists. He contended, however, that the character of the University was such that it should be under the entire control of the corporation having it in charge. If the people wanted homœopathy in it they should elect Regents who would put it there. To leave the matter in its present uncertainty would place it in the power of a circuit judge to declare the law of the case, as the equal division of the Supreme Court would prevent a reversing decision by that tribunal.

Mr. Crane concurred in the object desired, but favored retaining the section as it stood.

Mr. Withey withdrew his amendment.

The educational article came up Sept. 16th, on third reading.

Mr. Pond, who was not present yesterday when the article was re-considered in committee of the whole, desired to amend the first part of section two, which says that "the University shall continue under the supervision and control of the Board of Regents." He desired to substitute the words "*the supervision and control of the University shall be vested in the Board of Regents.*" He said that the language of the section as it stood was subject to construction, and was the very language on which the Supreme Court divided on the homœopathic case. It was proper that the Legislature might attach conditions to appropriations when made, but it was not proper that the Legislature should dictate to the Regents about the management of the University. They ought to have the exclusive power in the matter.

Mr. Wells asked if the language which he proposed to substitute was so explicit as to give this power.

Mr. Pond—"It is beyond all controversy."

Mr. Upson thought the change unnecessary—that the provisions of the present constitution re-enacted would be construed as the intention of the people to confer full power upon the Regents, while an attempt to make the language more explicit might arouse opposition.

Mr. Pond replied that those who opposed granting full power to the Regents were smart enough to discover the cat in the meal if he attempted to put one there. The better way was to place the matter beyond doubt.

Mr. Pond's amendment was adopted. The article was referred to the Committee on Phraseology, and ordered reprinted.

This article, as reported back from the Committee on Phraseology, is much changed in arrangement and somewhat in detail. Section 2, relative to the University, is as follows :

Sec. 2. The Regents of the University and their successors in office shall continue to constitute a body corporate by the name and title of "The Board of Regents of the University of Michigan." Said board shall consist of the two *ex-officio* members provided for in this article, and eight elective members. The terms of office of the elective members shall be eight years, and two of such members shall be elected every second year at the time of the annual township election, so as to succeed the Regents now in office as their several terms expire. Said Board of Regents shall, as often as is necessary, elect a President of the University, who shall be its chief Executive officer, with the privilege of speaking but not of voting. The supervision and control of the University shall be vested in the Board of Regents, and said board shall have the direction and control of all expenditures from the University funds.

Section 5 provides that any vacancy in the educational board shall be filled by appointment by the Governor. The balance of the article is essentially as heretofore published.

HOMŒOPATHY IN MASSACHUSETTS.

BOSTON, Sept. 16, 1873.

BOSTON UNVERSITY OF MEDICINE.—E. A. Lodge, M.D.—My dear doctor : With this you will receive a copy of the First Announcement of the Boston University School of Medicine, and also "*The Record*," issued by the Homoœopathic Association of Boston University. Now it is no little work to start and properly equip a medical school, especially in connection with a university, as the homœopaths of your State have found out, over and over again, and it is no less in this older country, where prejudices strengthen with age ; but the Massachusetts Medical Society set the ball in motion for us in their famous "Trial," and though they got sick of it at the outset, we do not propose to let it stop until it has rolled over, and flattened out some of the old medical prejudices and false notions.

The manner in which the trial was conducted gave us, at once, the sympathy of the public, and served to harmonise and concentrate our efforts. With our first move we raised one hundred thousand dollars for the hospital ; with our second, we founded a medical department in Boston University, which, with a fund of some millions before it, and the largest religious denomination in the country—the Methodist—to support it, it is destined to become one of the most extensive universities in this country. We have secured a fine building for the school, and with a large and united faculty, enthusiastic in their new work, and with the prospect of a fine class, we all feel encouraged even though "Old Physic" fiercely frowns upon us.

But, as I said before, our task is no light one, and if we have the kind aid and support of the profession we will try to deserve it, confident that the success of this school will add much to the success of our cause generally.

I am, very sincerely, J. T. TALBOT.

PHILADELPHIA BOARD OF HEALTH.—We are indebted to Charles B. Barrett, Esq., Secretary of the Board of Health, of the city and port of Philadelphia, for the report for the year 1872. It is an octavo volume of of 135 pages, containing many statistical statements of value.

At this time we merely collate the following :

Total number of deaths for the year 1872.	-	20.544.
Of these were children under five years of age.	-	9.154
or 44.55 o/o of whole mortality.		

The most fatal diseases were :

Cholera infantum, from which	1666	died
Small pox,	981	"
Debility and inanition,	775	"
Marasmus,	711	"
Convulsions,	682	"
Congestion and inflammation of lungs,	608	"
" " " of brain,	575	"
Croup,	249	"
Other diseases,	1146	"

This mortality among little children is appalling.

DETROIT, MICHIGAN.—Temperature etc., for September, 1873 :

Highest barometer, September 8,	30.401
Lowest barometer, September 4	29.566
Highest temperature, September 18	86
Lowest temperature, September 20	37
Prevailing direction of wind	S. W.
Greatest velocity of wind, miles per hour, September 5	28
Total number of miles traveled by wind	4.996
Number of clear days	15
Number of cloudy days	9
Number of rainy days	12

Compared with September, 1872, there is a remarkable coincidence in the main characteristics. The number of days on which rain fell is the same for both, and, occurring about the same time, producing nearly equal quantities. Although the mean temperature of this month shows a decrease of one and a half degrees, the range is the same in each. The prevailing wind is the same, as also the maximum velocity, the latter occurring about the same time in each month.

W. FINN Observer, Signal Service, U. S. A.

DETROIT MICHIGAN : MORTALITY FOR SEPTEMBER, 1873.—

Total number of deaths	256.
Corresponding month, 1872 (decrease 14)	270.

Infants 122, Children 47, Adults 87.

Principal diseases etc :—

Cholera infantum,	41	Scarlatina,	8
Consumption,	15	Still born,	10
Other lung diseases,	8	Typhoid fever,	20
Debility,	30	Teething,	16
Heart disease,	5	Yellow fever (?)	1

THE PROCESS OF EMBALMING.—The Bruneti process for the preservation of the dead has recently been published in *La France Medicale*, and it consists of several processes :—

1. The circulatory system is cleared thoroughly out by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours.

2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter of an hour.

3. Ether is then injected to abstract the fatty matters. This occupies two to ten hours.

4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours.

5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours.

The body is then perfectly preserved and resists decay. The Italians exhibit specimens which are as hard as stone and perfect in form.

CIRCUMCISION.—(*The Clinic.*)—Dr. Cadell read a paper before the Edinburgh Medical and Chirurgical Society, on the advantages of circumcision from a surgical point of view.

After a sketch of its history, he detailed the disadvantages of a long or adherent prepuce, and the advantage of being without one at the different periods of life—in infancy, boyhood, adult life, and old age. In infancy it was the cause of urinary irritation, discomfort, and even death ; in boyhood, of epilepsy, masturbation, etc. ; and in old age it was related to cancer of the penis.

CLASSIFIED INDEX TO THE FIRST SERIES OF THE AMERICAN OBSERVER, 1864 TO 1873, INCLUSIVE ; TEN VOLUMES.—This index is now in course of preparation and will greatly enhance the value of the journal. Those who desire to complete their sets should make early application as some numbers are already out of print. We supply back numbers as far as practicable at fifteen cents each.

OBSERVER FOR 1874.—The Eleventh volume will be the first volume of a *new series* when many improvements of value will be introduced.

Dr. A. Whipple writes : "Springfield, O., Sept. 17, 1873. Edwin A. Lodge, Dear Sir : Please find P. O. order, $2.50, for the current year for the *American Observer*.—Hard times admonish me to curtail expenses by dropping some of the many (seven) medical journals. I cannot do without the *Observer*, as I have been a constant subscriber from its infancy ; and cannot think of doing without it in its manhood. I consider it not only one of the best of our medical journals, but the most valuable."

HOMŒOPATHY IN NEW YORK.—There are in this State twelve homœopathic hospitals, sixteen dispensaries, one insane asylum, four medical schools, and forty county and local medical societies.

Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE." SOLOMON.

THE ORIGIN OF ENEMATA.—Frederigo Kernot, of Naples, in a newly published *Storia della Farmacia*, describes, according to the *Pharmaceutical Journal*, the invention of the enema-apparatus, which he looked upon as an era in pharmacy as important as the discovery of America in the history of human civilization (!) The glory of the invention of this instrument, so beneficial to suffering mankind, belongs to an Italian, Gatinaria, whose name ought to find a modest place together with Columbus, Galileo, Gioja, and other illustrious and eminent Italians; he was comatriot with Columbus and professor at Pavia, where he died in 1490, after having spent several years in the perfection of his instrument. The enema came into use soon after the invention of the apparatus itself. Bonvard, physician to Louis XIII., applied two hundred and twenty enemata to this monarch in the course of six months; in the first years of Louis XIV. it became the fashion of the day; ladies took three or four a day to keep a fresh complexion, and the dandies used as many for a white skin. The medical profession at first hailed the invention with delight, but soon found the application *infra dig.*, and handed it over to the pharmacists, but shameful invectives, sarcasms, and epigrams hurled at those who exercised the humble duty of applying the apparatus, made them at last resign it to barbers and hospitals.—*Br. Med. Journal.*

BOIL IT DOWN.—Dr. Saml. Frankeberger, Hoopston, Ills., who has been, with other Eclectics, using a number of homœopathic remedies, writes as follows to the *Eclectic Medical Journal:*

Prof. Scudder:—A few lines from an old practitioner may not be out of place. I have been in active practice for twenty-six years, and I acknowledge that I was at least fifteen years behind the times; perhaps Brother L. B. Jones and I were in the same case. Some eight years ago I determined to quit practice, and attend to my farm, but my old friends and neighbors called on me in their afflictions, and I could not find it in my conscience to refuse them assistance in their time of need. Two years ago I concluded to quit the farm and prepare myself more fully for the practice, and as you are aware, passed the Winter of '71–2 in the Eclectic Institute of Cincinnati. I had not been taking the *E. M. Journal* since it was published by Prof. Stockwell; did not know anything about the use of *Aconite, Veratrum, Belladonna, Cactus, Pulsatilla*, and many other articles. I was still following up the old practice of Kost, Mattson, Howard and Beach; thought I was doing bully, and it is true that I was generally successful, but it was unpleasant to myself and my patients. After I returned home from the city, I used what to me was new and experimental, and my old friends would say, "Dr., you don't use as nasty medicine as you used to." During the last Winter I treated a number of cases of pneumonia with minute doses of Veratrum with good success. I find the practice of medicine now (with the so to me new remedies) pleasant and agreeable. Now let our young and scientific brethren pitch into me as they did into Brother Jones; those who are so anxious to see their names in print.

Brother Scudder, it may not be amiss for me to give these younger brethren a little advice, by your permission ·

TO MY YOUNG BRETHREN IN PRACTICE.

Whatever you have to say, my friend,
Whether witty, or grave, or gay,
Condense as much as ever you can,
And say in the readiest way;
And whether you write of a brother M.D.,
Or particular things he's done,
Just take a word of friendly advice,
Boil it down.

For if you go spluttering over a page,
When a couple of lines would do,
Your butter is spread so much, you see,
That the bread looks plainly through;
So when you have a story to tell,
And would like a little renown,
To make quite sure of your wish, my friend,
Boil it down.

When writing an article for the press,
Whether prose or verse, just try
To utter your thoughts in the fewest words,
And let them be crisp and dry;
And when it is finished, and you suppose
It is done exactly "Brown,"
Just look it over again, and then
Boil it down.

For Editors do not like to print
An article lazily long,
And the general reader does not care
For a couple of yards of song;
So gather your wits in the smallest space,
If you would win the author's crown,
And every time you write, my friend,
Boil it down.

EAST-INDIAN ENGLISH.—The *Madras Medical Journal* prints the following specimen of a medical certificate given by a hospital assistant to a patient who had his teeth loosened by a blow on the mouth:

"I do hereby certify that the Village Moonsiff ——of——aged about 45 was found on my examination suffering from shaking of 2 front upper teeth, and 4 front lower and besides several other teeth also in a slight shaking state. I consider that the shaking appear to have been caused by another individual, or by fall, or by natural and previous administration of cruel mercury, I am of opinion that the hurt is not a mortal.

(Signed) "————, *2d Class Hospl. Asst.*"

FISH AS A DIET.—Dr. Merryweather says: "Fish diet is a great humanizer of the tempers of mankind. Its consumption tends wonderfully to render them more kindly to one another, and consequently tames the passionate disposition to crime. As carnivorous animals are always the most fierce and violent, so become human beings who have carnivorous stomachs. Could such stomachs have an occasional respite by the consumption of fish, the world would be all the better for it. I speak as a medical man, and firmly assert that many maladies would be mitigated, and perhaps annihilated by such a process."

CHOLERA.— We publish in the present number an article upon this disease, by W. H. Holcombe, M.D., of New Orleans. Many of our readers will not agree with Dr. H's. views, but these will however, with us, thank him for his communication.

In connection with Dr. Dake's article, as published in our September number, page 477—484, it will be interesting to read the statements upon pages 524 and 525, of the present issue.

Upon the subsidence of Cholera, the Yellow fever has raged with terrible severity in Shreveport, La., Memphis, Tenn., and other cities. An account of this epidemic is deferred until our next issue.

One death from Yellow fever is reported in the Monthly Statistics, of Detroit, for September, but this is no doubt a mistake.

TREATMENT OF CHRONIC BRONCHITIS.—The admirable series of articles upon "*The Respiratory Affections of Childhood*," is continued in the present number, in a practical paper, by Thomas Nichol, M D. Editor of Department of Diseases of Women and Children, giving the treatment. This series has elicited unqualified commendation, and the present paper is fully equal in value to those preceding.

HOMŒOPATHY IN MICHIGAN.—Our interests in this State have not been forgotten. Upon page 537, we print an account of the action of the Constitutional Convention. Before this article is put to final note, the question of the control of the Regents should be fully canvassed and more deliberately discussed.

An application has been made to the Circuit Court for a mandamus to compel the Regents to show cause why they do not obey the law of the State, which appoints certain professors of Homœopathy in the University.

BOOK NOTICES AND REVIEWS.—We are compelled to postpone until November.

COLLEGE NOTICES.—It was our purpose to give an account of the announcement of all our Homœopathic Colleges, and their offers to students; but a large number of pressing engagements prevent us doing so in this number.

REMOVALS.

BOWMAN—Dr. B. Bowman, from Chambersburg to Harrisburg, Pa.
BURBANKS—J. C. Burbanks, from Janesville, Wis., to Freeport, Ill.
BULL—Dr. J. Bull, from Rio, Wis., to Little Rock, Arkansas.
COWPERTHWAIT—Dr. A. C. Cowperthwait, from Galva, Ill., to Nebraska City.
EVANS—Dr. C. H. Evans, from Beloit, Wis., to Indianapolis, Inda.
FULLER—Dr. James P. Fuller, from Plymouth, Wis., to Sonoma, Calif'a.
GERRIE—Dr. J. Gerrie, from Quincy, to 865 Mich. ave., Chicago, Ill.
LITTLEFIELD—Dr. J. J. Littlefield, from Fort Wayne to Auburn, Ind.
MENDENHALL—Dr. J. K. Mendenhall, from New Castle to Hill, Pa.
MILLER—Dr. A. Miller, from Chicago, Ill., to Denver, Col.
OLMSTED—Dr. C. C. Olmsted, from Fond du Lac, to Cleveland, Ohio.
PEARSON—Dr. Clement Pearson, from Mt. Pleasant, Iowa, to Cleveland, O.
ROCKWITH—Dr. F. A. Rockwith, from Newark, N. J., to E. Saginaw, Mich.
SMITH—Dr. S. S. Smith, from Fort Wayne, Ind., to Plymouth, Ohio.
STILLMAN—Dr. W. D. Stillman, from Lewiston to Peoria, Ill.
VINALL—Dr. J. J. Vinall, from Plymouth, Inda., to Yankton, Dakota.
WILLIAMS—Dr. A. D. Williams, from Brainard to Brooklyn centre, Minn.

PAINE.—At the semi-annual meeting of the New York State Homœopathic Medical Society, held at Brooklyn, New York, on September 9th, 1873, a valuable gold watch was presented to Dr. H. M. Paine, who served this society with signal success and fidelity for many years. We are obliged, for lack of space, to reserve a report of the speeches on this interesting occasion, until the next number.

DUNHAM.—Our readers will be very glad to hear from Dr. Dunham again, and to welcome his return in improved health. We trust that he will soon be so fully restored as to be able to resume his chair.

To the Editor of the *American Homœopathic Observer:* Last autumn, ill-health compelling me to relinquish all professional occupations, I, with great reluctance, severed connection winth the New York Homœopathic Medical College, by resigning the *Deanship of the Faculty, and the Professorship of Materia Medica and Therapeutics.*

Having returned from Europe a few days ago, I have to-day, for the first time, seen the College Announcement for the season of 1873-74; wherein, to my surprise, my name occupies its old place, under the title of Professor and Dean. I should sincerely rejoice if I were able to resume a work and a fellowship which were always a source of great pleasure to me. But since this is not the case, it seems to be my duty to correct this error in the announcement. CARROLL DUNHAM.

IRVINGTON, *on the Hudson, N. Y.*, Sept. 30, 1873.

ERRATA:—

Page 467, twenty-fifth line, for externally, read *extremely.*
" 467, fourth line from bottom, for symptom, read *eruption.*
" 467, fifth line from bottom, for 4 days, read *two* days.
" 493, eighteenth line, for only, read *very.*
" 493, twenty-first line, for same, read *sane.*
" 493, twenty-fifth line, for sending, read *sending out.*
" 493, twelfth line from bottom, for chased read *chaud.*
" 494, first line, third paragraph, for set read *sat.*

Pharmacology and Posology.

ON PHARMACEUTIC PROCESSES.*

Part I.

GENERAL RULES.

There are three forms of preparation recognized in homœopathic pharmacy :—

1. *Solution* in water, in alcohol, or in mixtures of these liquids, or very rarely in ether.
2. *Trituration* with sugar of milk.
3. *Liquid attenuations.*

These constitute all the preparations recognized by homœopathists, with the exception of pilules and globules, which, however, are merely *dispensing forms* of the liquid attenuations.

It will be necessary to preface the descriptions of these operations by an account of the menstrua employed in carrying them out.

WATER.

Nothing but the purest *distilled water* must ever be used in the preparation of any of the medicines. The ordinary distilled water sold by wholesale druggists is quite inadmissable, from the fact of its being frequently distilled in stills that are used for distilling aromatic waters, and hence it cannot be sufficiently pure for our purpose.

All the water used by homœopathic chemists for the purpose of attenuations or for the purpose of reducing the strength of rectified

* The following note explains the object of this paper. With the request it contains we have much pleasure in complying.—Eds. *M. H. R.*

To the Editors of the Monthly Homœopathic Review.

Gentlemen.—As it is desirable that the forthcoming edition of the British Homœpathic Pharmacopœia should undergo a very thorough revision, I shall esteem it a favor if you will kindly publish the first part relating to the Pharmaceutic processes in the *Review*, so that any suggestions may be heard of now instead of at a later period, when the opportunity for their consideration by the Pharmacopœia Committee may be gone by.

By dividing the portion that I ask you to publish, I hope that your space will not be unduly taxed.

Yours faithfully,

William V. Drury.

spirit must be distilled in an apparatus made entirely of glass or porcelain.* The apparatus should never be much more than half filled with water, and the distillation should be carried on at a gentle heat, so as to guard against any of the water boiling over. Whatever quantity is distilled, the first 20th part should be rejected, and only 16½ parts should be carried over. For example, in distilling 10 pints, the first ten fluid ounces would be thrown away, and the next 8 pints would be preserved, after which the process would be stopped.

Tests.—It possesses neither color, taste, nor smell. Evaporated in a clean glass capsule, it leaves no visible residue. It is not affected by hydrosulphuric acid, oxalate of ammonia, nitrate of silver, chloride of barium, or solution of lime.

ALCOHOL.

This is the most important of all the menstrua employed by the homœopathic chemist, and too great care cannot be exercised to ensure its purity. It should be purchased in the form of *rectified spirit of first quality, 60° O. P.*, from a respectable distiller, and should then be mixed with purified animal charcoal, using a bulk of charcoal equal to about one-tenth of the bulk of spirit, and re-distilled in a glass apparatus (a tubulated glass-stoppered retort with a long beak, placed in a capacious sand-bath and heated by gas, answers well),† with all the precautions mentioned under "Water," and no alcohol which has not undergone this fresh distillation should be employed in making any attenuations intended to be carried beyond 3x.

Characters and Tests.—Colorless, transparent, very mobile and inflammable, of a peculiar pleasant odor, and a strong spirituous burning taste. Burns with a blue flame, without smoke. Specific gravity 0.8298. Remains clear when diluted with distilled water. Odor and taste purely alcoholic. Four fluid ounces with 30 grain measures of the volumetric solution of nitrate of silver exposed for twenty-four hours to bright light, and then decanted from the black powder which has formed, undergoes no further change when again exposed to light with more of the test.

The following strengths should always be kept on hand, and should be made by the chemist himself, using distilled water for the dilution, prepared as already described.

1. *Dilute Alcohol.*—This is made by mixing equal measures of rectified spirit and distilled water. The mixture should have a density of 0.940, and contains about 39 per cent. by weight of absolute alcohol.

* Any glass or porcelain retort used for the purpose must first be purified by boiling distilled water in it rapidly until the product ceases to give a precipitate with nitrate of silver.

† In distilling alcohol, great care should be taken to prevent explosion. The stopper of the retort must be kept loose, in order that it may act as a safety valve.

2. *Proof Spirit* (of the British Pharmacopœia).—This is made by mixing 5 measures of rectified spirit with 3.2 measures of distilled water. The mixture should then be agitated and allowed to cool to 60° F., and a sufficient quantity of distilled water added to increase the bulk to 8 measures. It should have a density of 0.920, and contains 49 per cent. by weight of absolute alcohol.

3. *Spirit of 20 O. P.* (over-proof).—This is made by mixing 6 measures of rectified spirit with 2 measures of distilled water, the contraction resulting from the mixture of the two liquids being made good in the manner directed under "Proof Spirit." It should have a density of 0.8939, and contains 61 per cent. by weight of absolute alcohol.

4. *Spirit of 40 O. P.* (over-proof).—This is made by mixing 7 measures of rectified spirit with 1 measure of distilled water, the contraction being made good as directed under "Proof Spirit." It should have a density of 0.8646, and contains 73 per cent. by weight of absolute alcohol.

5. *Rectified Spirit* (=60 over-proof) has, as before stated, a density of 0.8298, and contains 87 per cent. by weight of absolute alcohol.

6. *Absolute Alcohol*, having a density of about 0.795, is required for a few of the preparations, and may be obtained from rectified spirit in the manner directed in the British Pharmacopœia, viz :—

"Take of Rectified Spirit..... 1 pint.
Carbonate of Potash... 1½ ounce.
Slaked Lime..... 10 ounces.

Put the carbonate of potash and spirit into a stoppered bottle, and allow them to remain in contact for two days, frequently shaking the bottle. Expose the slaked lime to a red heat in a covered crucible for half an hour, then remove it from the fire, and, when it has cooled, immediately put the lime into a flask or retort and add to it the spirit from which the denser aqueous solution of carbonate of potash, which will have formed a distinct stratum at the bottom of the bottle, has been carefully and completely separated. Attach a condenser to the apparatus, and allow it to remain without any external application of heat for twenty-four hours; then applying a gentle heat, let the spirit distil until that which has passed over shall measure 1½ fluid-ounce; reject this, and continue the distillation into a fresh receiver until nothing more passes at a temperature of 200°."

To obtain greater purity this may be re-distilled with charcoal in the manner described on pp. 2 and 3.

Characters and Tests.—Colorless and free from empyreumatic odor. Specific gravity 0.795. It is entirely volatile by heat, is not rendered turbid when mixed with water, and does not cause anhydrous sulphate of copper to assume a blue color when left in contact with it.

It is very necessary to preserve absolute alcohol in well stoppered

and capped ether bottles, since it attracts water from the air as greedily as sulphuric acid, and would therefore be rapidly spoilt by exposure.

ETHER.

This is required for very few of our preparations. It may be purchased from the manufacturing chemists, and examined as folows :—

Characters and Tests.—A colorless, very volatile and inflammable liquid, of a well-known and characteristic odor, boiling below 105° Fahr. Specific gravity between 0.735 and 0.720, the latter representing perfectly pure ether. Mixed with an equal volume of water, shaken well, and allowed to stand, nine-tenths will separate and float on the water undissolved. It evaporates without residue.

SUGAR OF MILK.

This is a very important substance in homœopathic pharmacy, and great care must be taken to ensure its purity. It has been selected for the purposes to which it is applied for two reasons — 1st, because it is devoid of all medicinal action ; and 2nd, because its crystalline particles are very hard, and hence are of great use in grinding down the particles of drugs submitted to the process of trituration. It is never found pure in commerce, and even that which is professedly prepared for homœopathic use is very seldom free from adulteration. Starch is very commonly found mixed with it, and this will seriously interfere with its triturating power. The homœopathic chemist should examine every sample when purchased, before attempting to use it for triturations. The powder should answer to the following

Characters and Tests.—Scentless, gritty to the touch, faintly sweet. Boiled with water and cooled, it gives no blue color with an aqueous solution of iodine.

The ordinary commercial article may be refined for our purpose by solution in distilled water and careful recrystallization, until it assumes the requisite purity and whiteness. It is then pulverised as finely as possible in a perfectly clean mortar, and sifted through a fine hair drum-sieve, which must not be used for other purposes.

The sugar should be kept in a dry, cool place, in well-closed glass jars.

Having thus given an account of the menstrua employed in the preparation of homœopathic drugs, it is necessary in the next place to lay down a few general rules for the selection of the remedies themselves.

Homœopathy makes use of all materials which are capable of modifying the health of living creatures, and hence collects its remedies from all the three kingdoms of nature. The following are considered the acknowledged methods of securing the best and most reliable preparations :—

1. As far as possible, collect all vegetable and animal products fresh.

2. Where they are the produce of foreign countries and can be only had as imported, obtain them from trustworthy druggists, but always in the state in which they were imported—never in the form of powder.

(This precaution is necessary, since druggists never hesitate to use the same mill for grinding different medicines; a laxity which would be unpardonable in a homœopathic chemist.)

3. As regards plants, the time for collecting these must be regarded by the part which is officinal. Vegetable physiology must be here the guide, since it will enable us to predicate the exact time when the part will display most fully its characteristic properties. A few exceptions may exist to the following conclusions, but, as a general rule, it will be found that

When the *whole plant* is used, it should be gathered when it is partly in flower and partly in seed.

When the *leaves* are used, they should be collected just before or during the early part of the flowering time.

This rule requires modification in the case of biennials, since the leaves which first appear in the spring of the second year are in this case the best, and should be collected as soon as the flowering stem begins to shoot.

When the *flowers* are used, they should be collected partly in bud and partly expanded.

When the *seeds* and *fruits* are the officinal part, they should be collected when fully ripe, unless otherwise ordered.

When the *young shoots* are ordered, they should be collected in spring, when the whole plant is in full vigor.

When the *bark* is employed, it must be collected either in the early spring or the autumn, most frequently at the latter season. The same rule holds good with respect to the *root bark*.

When the *wood* is the officinal part, it should be collected late in the autumn, in fact, after the fall of the leaf, if the tree is deciduous.

When the *root* is the part employed, it may be collected either late in the autumn or early in the spring, but never when the aërial parts of the plant are in full activity.

4. After the fresh materials are collected they should be prepared as soon as possible, for the purpose of avoiding all deterioration. If gathered at some distance from home, the fresh plants should be packed carefully in tin cases (ordinary botanical boxes) and kept as cool as possible. If, however, there will be no opportunity for preparing them for some time after their collection, they must be carefully dried by tying them in loose bundles and hanging them up in the shade, protected from rain, etc., and as soon as they are dry they should be carefully packed in hermetically sealed tin cases.

5. The same rules, so far as they apply, must be followed in the collecting of animal substances.

6. All minerals and chemical compounds must be carefully tested before they are used.

7. From the time that the medicinal substances are obtained until they are converted into the regular pharmaceutical preparations, they should be most carefully preserved from damp and dust, from contact with other medicinal materials, from strong odors of any kind, and from light. All should be preserved in glass or earthenware jars or bottles, and be well corked or stoppered.

It will now be necessary to give in detail the directions for making the different preparations.

I.—SOLUTIONS.

(A.) SOLUTIONS IN DISTILLED WATER.

Several saline substances are directed to be dissolved in distilled water. In such cases 10 grains by weight of the salt must be dissolved in a sufficient quantity of the water, and the volume of the solution increased to 100 or 1000 minims, as the case may be; and no such preparation can be considered satisfactory unless the solution is perfectly free of all sediment, and continues clear and transparent. If, after a time, it deposits any crystals, or if any of the salt effloresces around the neck of the bottle, or if a fibrous-looking sediment (*conferva*) appears in the solution, or if the solution changes color materially, in each and all these instances the preparation should be rejected and a fresh quantity made. Since many aqueous solutions do not keep for any length of time, it is well to dissolve only a sufficient quantity of salt at a time to meet the current demand, and to make this first decimal or centesimal attenuation again and again, as required. The salt itself should be obtained in sufficient quantity to last for some time, except in the case of perishable compounds, so as to avoid the necessity for repeated analyses, to ensure the purity of the articles.

(B.) SOLUTIONS IN ALCOHOL.—TINCTURES.

The objects to be obtained in these preparations are following:

1. A preparation containing all the soluble ingredients of the substance employed.

2. A uniform strength, so that it may be always known exactly how much of the dry crude material is represented in a given measure of the tincture.

3. A fixed alcoholic strength, so that in making dilutions all decomposition may be avoided, by using a spirit of the same alcoholic strength as that existing in the tincture.

These objects may be attained in the following manner:

1. The complete solution of all soluble matter can be accomplished by varying the alcoholic strength to suit the nature of the

ingredients in each plant; using a very dilute spirit where the ingredients are chiefly soluble in water, and a strong spirit where alcohol is the best solvent. Also, by using a sufficient quantity to ensure the complete exhaustion of the plant.

2. The uniform strength of tincture is advisable for many reasons, and especially in connection with the making of attenuations. Hitherto the mother tinctures made from fresh plants have varied greatly in strength, not only among themselves, but the tincture of the same plant differs from time to time according to whether the fresh plant chanced to be more or less juicy. As a consequence of this, the lower attenuations will vary equally in strength, since in every instance the same number of drops of mother tincture is added to a given quantity of spirit. To obtain this uniformity it is necessary to ascertain the quantity of moisture contained in the fresh plant, and to allow for this in making the tincture.

In every instance the dry crude substance is taken as the starting point from whence to calculate the strength, and, with very few exceptions, *the mother tinctures contain all the soluble matter of one ounce of the dry plant in 10 fluid ounces of the tincture.*

3. It will be noticed that a series of tables are given at the close of the tincture process, by means of which the pharmaceutist is to calculate the exact quantity and strength of spirit which he has to use in the case of each medicine. The necessity for these tables is owing to the water present in the fresh plant mixing with and diluting the spirit employed in making the tincture, so that the alcoholic strength of the tincture never corresponds with that of the spirit used in its preparation, a circumstance which interferes materially with the making of trustworthy attenuations, since it is essential that the first attenuation of a mother tincture should be made with a spirit of precisely the same strength as that of the tincture itself.

Sugar in Urine.—Seegan finds that when the urine contains mere traces of sugar, it gives with the potassic tartrate of copper a mere doubtful deposit of suboxide of copper, of a modified color, and which might be due to the presence of uric acid. He therefore filters the urine through good animal charcoal, washes this with a little water, and searches for sugar in the washing water, which gives as distinct a reaction as a solution of pure sugar. We may thus detect sugar in urines which contain only 0.01 per cent. With urines richer in sugar, that is, containing 0.5 per cent., we obtain in the washing water a precipitate much more distinct than in the urine, either in its original state or after filtration over animal charcoal. A solution of uric acid containing 0.1 per cent. gives a decided precipitate of the suboxide of copper; but if the liquid is passed through animal charcoal, all the uric acid is kept back, and the filtered solution no longer reduces the double tartrate of potash and copper. This method is not applicable to quantitative determinations, a part of the sugar being retained by the charcoal.

Practice of Medicine.

MALARIA.

BY J. E. FINCH, M. D.*

In relation to the nature of malaria I quite agree with Niemeyer, that it "must consist of low vegetable organisms;" but I do not agree with him, that their "development is chiefly due to the putrefaction of vegetable substances."

The most commonly received opinion, that malaria is an aëriform or gaseous body, is strongly opposed by many important facts connected with the development of paludal disease. If it were a gaseous exhalation it would certainly be governed by the law of diffusion of gases; hence we should not find it uniformly keeping very near the surface of the earth, nor would it be prevented from spreading by such apparently insignificant obstacles as a grove, a stone wall, etc. I will return to this point before I have finished.

That malaria does not result from the decomposition of vegetable substances alone is sufficiently proved by the fact that intermittent fever has never been known to occur in many swampy regions, where such decomposition is most abundant.

The necessary conditions for the primary development of this poison seem to be:

1. A wild or uncultivated soil freely exposed to the air.
2. A certain amount of moisture—neither too wet nor too dry, and,
3. An elevated temperature.

The chemical composition of the soil, such as a certain admixture of animal, vegetable and mineral substances, upon which some authors lay great stress, appears, in point of fact, to have little or no influence in the production of this agent. While it is true that ague prevails most of all in some low, marshy localities, where the soil consists entirely of alluvial deposits, and is exposed for a considerable portion of the year to a high temperature, as in some parts of the Southern States and in the south of Italy, still, when soils of a widely different chemical constitution are supplied with the proper equivalent of moisture and heat, a copious evolution of malaria not unfrequently results.

**Northwestern Medical and Surgical Journal.*

Thus we find that severe epidemics of intermittent fever have, from time to time, visited the high rocky shores of the Mediterranean, and the sandy plains of Holland where scarcely a vestige of vegetation exists, and the soil is devoid of almost every form of organic matter. The facts which sustain the opinion that malaria does not require a soil of mould for its production are so numerous and positive that I am surprised that any one familiar with them should oppose them for a moment.

Lands which are habitually covered with water, as the beds of streams, lakes and marshes, are most productive of this poison, when, during an unusually dry season, they become exposed to the direct rays of the sun. This was exemplified in Minnesota in 1871. The drought during the summer was extreme, and in August and September many of our smaller lakes and streams, which had not for years been without a plenty of water, completely failed, and their bottoms were gradually exsiccated with the solar heat. Nor was this all, for the usual "June rise" of the Mississippi did not transpire, and consequently the beds of the sloughs and ponds in the low lands along this river were much exposed. The result was the development of malaria; and in places like our own city (Hastings) where paludal disease had not been seen for more than ten years, ague was rife.

That this poison is a product of the soil is clearly proved, I think, by the following facts: the western prairies are free from it (except in the immediate neighborhood of marshes and sluggish streams, whose bottoms are gradually exposed during the hot season) until they have been subjected to the "breaking" process, when they may, in many respects, be compared with the bottom of a dried-up marsh. So soon, however, as the land is reclaimed by cultivation the evolution of malaria ceases. Similar effects have frequently been observed during the clearing and reclaiming of timbered lands. It is well known that the clearing of dense jungles of their rank vegetation so as to expose the moist grounds to the direct solar rays, is a most "fertile source of malaria."

A truly wonderful development of this pestiferous agent is sometimes witnessed where the bed of a railroad or canal is being graded during the hot season. The locality might have previously been most salubrious, but no sooner was the moist wild land upturned to the air and sun, than the malarial poison began to manifest itself. It cannot be doubted that the sudden outbreaks of paludal disease in military encampments, which have so often committed most terrible ravages among the troops, and which have been charged to insalubriousness of the climate, have, in many instances, been caused by the excavation of wells, trenches, etc., within the encampments themselves.

And now, to sum up what has been said, we have for our conclusions the following: Malaria is not a gaseous or an aëriform body; it is not a product of vegetable putrefaction, nor does it require for its development the presence, *ab externo*, of any vegetable substance

whatever; it is developed from the soil under the influence of air, heat and moisture, precisely as most plants vegetate and fructify; in a word, malaria is a species of vegetable organism.

As, in the present state of knowledge, we are forced, in a case of this kind, to base our opinions upon analogy, let us examine the subject a little more minutely, and see whether or not we are fairly warranted in these conclusions.

Examine the plants on the wild prairie, then turn under the sod with the breaking plow; new species will spring forth, which, however, will speedily disappear if the land continue to be tilled. Go into the forest and note the flora there; then clear off the timber and underbrush, and give the solar rays free access to the ground; entirely different tribes at once come forth and cover the surface. Whence came the germs of all these new species? Surely no one doubts that they had been lying in the ground in a state of dormant vitality for years, nay, perhaps, for ages, awaiting the necessary conditions for germination. Thus I believe the malarial germ exists in the earth, and that under favorable circumstances they mature and multiply in some such manner as I will presently describe.

The great rapidity with which the malarial poison is sometimes evolved is in complete harmony with the view here advocated; indeed it is the only theory that offers even a plausible explanation of the phenomenon. If it were a gaseous substance it would, following the law of diffusion of gases, speedily spread through the common air, and become so much diluted as to be harmless, thereby effectually preventing anything like a widespread epidemic. In truth, its effects would be confined to the very spot whence it originated. Consider the amount of carbonic acid gas generated in a city like Pittsburgh; either of the great iron or glass factories there burns daily not less than ten tons of coal. This combustion produces enough gas to render the air unfit for respiration to the depth of six feet over a space of a quarter of a mile square. Multiply this by the number of such factories in operation, and we shall find a product sufficient to envelope the entire city.

Now carbonic acid is heavier than atmospheric air by more than one-half, still it does not accumulate in Pittsburgh so as to disturb the health of the inhabitants; and everybody knows why.

It certainly seems remarkable that any one acquainted with the facts should ever have seriously entertained the opinion that malaria is a gaseous product. And it is truly surprising that marsh gas, the gravity of which as compared with common air is only about one-half, should have been accused of being the mischievious agent.

I will here remark, by way of parenthesis, that the law of diffusion of gases is, in my opinion, fatal to the prevailing opinion that ozone plays a considerable part in the production of disease.

But if we now turn to the vegetable kingdom and consider the marvelous rapidity with which many of the lowest tribes mature and give off their germs, and compare this with the evolution of malaria,

we shall be almost forced to the conclusion that the latter process is, in nature, analogous to the former. The growth and multiplication of some of the lowest species of algæ, as the *red snow*, for example, are so rapid as to cause it to appear almost simultaneously over extensive tracts, and lead those unacquainted with its true nature to believe that it had "fallen from the sky." This purely microscopic plant consists of a single cell which, when arrived at maturity, contains a great number of minute granules, the germs of future plants. The parent cell now breaks up and gives forth its brood of spores, each of which "passes through precisely the same series of changes," and in turn yields its quota of germs; and all this simple organism requires for its growth and reproduction is the presence of air and moisture.

Here, then, we have a distinct illustration of the process by which malaria may be evolved. When the germs, which exist for the most part in uncultivated land, are exposed to the air and supplied with moisture at the needful temperature, they rapidly develop and give off their spores, many of which, like the germs of the fungi, arise and float in the atmosphere, ready to mature and multiply wherever they meet with favorable conditions.

In speaking of the diffusion of germs of the fungi through the air, Dr. Carpenter remarks as follows: "However improbable, then, it may at first sight appear that every portion of the air we breathe should contain the germs of a large number of species of fungi, ready to develop themselves whenever the peculiar conditions adapted to each kind are presented, there seems good reason to believe that such is the case; and in this manner we may account for several facts of some practical importance relative to the production of those very troublesome forms of vegetation known by the name of mould, mildew, etc." [*Vegetable Physiology.*]

It is true that the malarial plant has thus far eluded observation —"no one has seen malaria spores"—but this also true of the germs of small pox, measles, and scarlatina. The microscope has not yet brought to view the *contagium vivum* of the purely contagious diseases, as it has the acarus scabiei, the trichina spiralis, the oidum albicans, the tricophyton tonsurans, etc., of the parasitic disorders; nevertheless, it can hardly be doubted that such contagious germs exist as substantial living organisms.

These considerations direct us towards an undiscovered world of minute animation, the existence of which, however, scarcely admits of a doubt, when we take into account all the facts by which it seems to manifest itself.

From what has now been said there seems good reason for the belief that the malarial plant is really a species of the algæ, since it is developed only in the presence of water or its vapor, and does not, like the fungi, require for its growth and reproduction the aid of putrefying vegetable substances, nor indeed anything except air and moisture at a proper temperature.

This theory enables us to account for several important facts concerning the behavior of this agent, which otherwise would be quite inexplicable; such, for instance, as its affinity for fog, mist and dew, and its increased virulence when in their presence.. The vesicular aqueous vapor constituting fog, appears to be a proper soil, so to speak, for the development of malarial germs; hence, when the air is loaded with such vapor as it frequently is in malarious districts, the poison becomes more active simply because more abundant. In the same manner we may account for the remarkable fact that malaria will not pass over water, even to the distance of a few hundred feet, its affinity for the liquid, no less than gravitation, causing it to fall into water immediately on approaching it, from which it cannot again rise.

I will here state my belief, without stopping to give particular reasons therefor, that this poison, in producing its peculiar effects on the human organism, must operate directly on certain nervous centers; consequently it must enter the circulation and be brought in contact with the nervous substance upon which it acts. That it enters the blood and is conveyed with this fluid through the system, is proved, I think, beyond controversy by the fact that the child *in utero* is sometimes affected with regular paroxysms of intermittent fever. This phenomenon cannot be rationally accounted for except by supposing the poison to be conveyed to the fœtus through the medium of the circulating system.

Doubtless, in a majority of instances, the morbific agent gains admission to the blood through the avenue of the lungs, but I am persuaded that, oftener by far than is generally believed, it is taken in through the stomach—the result of using water which has been exposed to the air in a malarious locality. Several cases which fully confirm this view came under my notice in the autumn of 1871. I was surprised to find every member of some families residing on the banks of Vermillion slough were attacked with malarial fever, including all types, while a few of their neighbors, living in some instances within a stone-cast of them, escaped completely. On inquiry I found that those who had escaped had uniformly made use of cistern water, whereas the infected ones had, without exception, been using water obtained from springs very near the slough. The water of these springs was so exceedingly clear and sweet, and apparently so decidedly potable, that I had great difficulty in convincing the sufferers (if indeed I did at all) that their fever was caused by its use. These so-called springs were formed with water which oozed from the banks andstood in pools; the malaria fell into them in the manner heretofore described, and thus they became strongly impregnated with the poison. The most severe and intractable cases I was called on to treat belonged to this class.

It is worthy of remark here that the tract between the dwellings and the slough—a distance of thirty or forty rods—was covered with a tolerably heavy growth of timber, which must have effectually pre-

vented the malaria being carried through the air in that direction; hence the immunity of those who did not use the water.

It is easy to see how the use of water impregnated with this poison may have played an important part in the production of those severe epidemics of intermittent fever that have at times decimated the ranks of armies in the field.

In conclusion I would remark that the foregoing was written before I was aware that Prof. Salisbury, of Cleveland, Ohio, had, some time since, announced the discovery (as he supposed) of the malarial plant, and had classed it with the algæ. But, as Prof. J. Leidy, of Philadelphia, showed afterward that Dr. Salisbury had been deceived by the appearance on his slides, in fact, that he had failed to discover any plant at all, this discovery remains to be made.

CHOLERA—INCORRECT STATEMENTS.*

Many of the "Reports" on the condition, progress and circumstances of epidemic cholera, though coming from high and often official sources, are so incompatible with the personal experience of sagacious observers, and so saturated with the theories of the reporters, as to throw a deep shadow of suspicion over their truthfulness. This is the case both in Europe and America. We question whether anything has been gained by the elaborate enquiries which have been instituted by commissions of varions kinds delegated for the purpose. Such commissions set to work scouring the country for "facts," and they collect great masses of reputed facts in which truth and error are inextricably mingled, and even then, in the great majority of instances, they bend everything to the support of their own preconceived opinions. We strongly suspect that medical enquirers who have reasonable opportunities would reach much better conclusions, each one for himself, by examining and collecting the testimony of actual observers, than by depending on the judgment of official investigators.

During the recent visitation of cholera in the Valley of the Mississippi, Dr. Peters was sent from New York by the Board of Health on one of these missions of enquiry. After a brief tour of inspection he produced a report which was very conclusive on some points, particularly as to the origin, local exciting causes and traveling habits of the disease. In Nashville, he says: "The cholera was almost exclusively confined to the outer limits and low portion of

* *Pacific Medical and Surgical Journal.*

the city, and carried off hundreds of those living near the small streams, or so-called branches, licks, and runs of water, especially Lick Branch on one side, and Wilson's Spring Branch on the other." Dr. William K. Bowling, of the *Nashville Medical Journal*, after devoting much attention to the subject, residing and practicing on the spot, and enjoying every possible means of correct information, declares most positively that the report of Dr. Peters is a "tissue of misrepresentations from beginning to end." From the 7th of June to the 1st of July inclusive, the deaths reported were 647. Adding a few which occurred before and after these dates, and oshers in the suburbs not reported, the whole number of victims was about 800. He has ascertained the "name, sex, race and place of residence of each victim of the remorseless invader, for each day." With this record and a map of the city before him, he avers that "it loved the high places and clean places—clean because high—and did not flourish on runs, or licks, or branches." The greatest number of deaths on any one day was on the 20th of June—"Black Friday"—when there were 72, 42 of which were on elevated ground, remote from the streams and lowlands. Referring to the statement of Dr. Peters that the disease was almost exclusively confined to the outer limits and low portions of the city, especially to Wilson's Spring and Lick branch, he makes the following extraordinary statement that "on these branches and on all the low grounds they and their tributaries drain, there were but 60 out of 800 deaths, 740 being on high land."

It is evident therefore that Dr. Peters has been wrongly informed. But his report has gone forth and will be used to sustain certain theories. It will outrun the contradiction, and Dr. Bowling thinks "will go into history and be believed and quoted for a thousand years." How fortunate for medical science if it were the only incor rect "Report" on cholera!

Dr. Bowling also states very unqualifiedly, that the regions where cholera prevailed in Nashville and surrounding country, are those in which, for the most part, intermittent and malarial fevers are entirely unknown. The same rule has been observed in all former visitations of the disease. It has avoided malarious districts and shown a decided partiality for elevated regions known to be exempt from malarial poison.

Obstetrical Observations.

DYSMENORRHŒA WITH INFLAMMATION AND ULCERATION.

BY C. P. HART, M. D., WYOMING, O.

My last article, it will be remembered, was devoted to a case of amenorrhœa associated with acute mania. I will now give a case of dysmenorrhœa, complicated with inflammation and ulceration of the neck of the uterus. These cases are not only of very great importance, but are far more frequently met with in practice that is generally supposed, occurring sometimes even in the virgin state, as in the following instance.

Miss S., of W. L., Logan county, O.; aged about 30; came under my treatment in 1867, for dysmenorrhœa of a very severe character, which had resisted the treatment of several eminent physicians for more than eight years. The patient was a lady of much refinement and delicacy of constitution, and was affianced to a gentleman of great wealth. Her sufferings during the eight or ten days preceding and including the menstrual period were so great that, notwithstanding the comparative comfort she experienced during the intervals, she became emaciated and weak; and although possessed of great personal beauty, her countenance bore constant traces of her sufferings.

The leading symptoms were as follows: Constant burning, weight and tenderness in the uterine region and behind the pubes; pains during the monthly period, and for several days before and after, sometimes radiating to every part of the abdomen, and especially to the back; cephalalgia; nausea and anorexia; alternate flushings and chills; constipation; irritation of the neck of the bladder; and, during the catamenial period, inability to turn the head upon the pillow. These symptoms led me at once to diagnose inflammation and ulceration of the neck of the uterus; but as the case had already passed through many able hands, I insisted upon a vaginal examination. On examining digitally, which was somewhat difficult

in consequence of the presence of a thick, unyielding hymen, I found the vagina tender and hot; the cervix enlarged; the os patulous, and surrounded by a soft, velvety and painful surface. The body of the uterus was not much enlarged, but was very sensitive to pressure.

Having incised the hymen, both antero-posteriorly and laterally, I was enabled to pass the speculum, and ascertain definitely the state of the uterine organs. The vagina was of a bright red color, and much inflamed; the cervix red, inflamed, swollen and ulcerated. There was considerable muco-purulent leucorrhœa, of a slightly offensive odor.

Several days having elapsed since the last menstrual period, I ordered tepid injections every night and morning, of a weak infusion of *Cimicifuga*. Internally I prescribed *Acon.* and *Bell.*, alternately once a day. On the third day the cephalalgia and back-ache ceased, when *Caulophyllum* was substituted for the *Cimicifuga*.

Under this treatment the pains greatly diminished, as did also the uterine tenderness; the evening exacerbations ceased; the patient lost the peculiar facial expression of suffering which she had so long borne; and sleep was more quiet and refreshing than it had been for many months. When the catamenia returned there was less pain, swelling and tenderness, and less helplessness, though the suffering was still very great, and protacted through an interval before, during and after the proper periods of about nine or ten days.

I now determined to apply an effective caustic to the ulcerated surface. Having thoroughly exposed the diseased parts by means of a bivalve speculum, I applied a sponge saturated with *Calvert's Carbolic acid, No. 2*, diluted one-half. I then continued the same treatment as before until after the next period, which was much less painful, and also less protracted. This course of treatment, with but slight variation, was continued for about five months, the carbolic acid being applied but once a month, as near the middle of the interval as possible. At the expiration of this period the dysmenorrhœa was entirely overcome; the ulceration was healed; the swelling and tenderness had subsided; the digestive functions had recovered their tone; the cephalalgia and back-ache had entirely disappeared; and the patient, to the astonishment of every one, pronounced herself well. Shortly afterwards she married; and in due time I had the pleasure of congratulating the happy and well-conditioned mother of a bouncing boy.

SOAP AND LARD:

THEIR RELATIVE VALUE IN THE TOILET OF THE NEONATUS.

BY J. C. SANDERS, M. D.*

Reflecting on the purposes of the unctuous coating called the caseusa, found on the skin of the child at birth, and on the many ills peculiar to early infantile life, the question has often been asked me whether or not the ordinary mode of washing the new born child could not be in some way improved.

After much discussion with mothers and nurses on this subject I have come to the following conclusion:

For eight and even nine months in the year in this cold climate, and every other climate of corresponding average temperature, lard, fresh and free from salt, is far better than soap for the general toilet of the first month. The reasons are obvious on a moment's reflection. Soap removes from the skin all its protecting oily secretion and renders it more delicate and more sensitive to irritation and cold. Lard, on the other hand, while it removes from the skin all its caseusa and therefore thoroughly cleans it, substitutes an unctuous protection and renders the skin soft, warm and therefore better protected both against irritation of friction and its own discharges and variations of temperature. Children thus treated suffer less in their toilet, rarely take cold, rarely snuffle with catarrh and rarely suffer from colic or cramp.

Of course the little faces of these little ones may be washed with soap, fragrant or otherwise, that they may be the more presentable at the mother's first greeting and caressments.

ON THE EARLY TOILET OF THE NEONATUS.

Innovations on old established practices in obstetric art or regimen are always received with serious question and doubt both by the profession and people. From long and careful observation I am satisfied that in the department of obstetricy, which relates to the new born child, there is great need of change both in opinion and practice.

The suggestions of this paper are simple, yet it may be true their importance is not unworthy of a place in the columns of the REPORTER.

Excepting in the occasional cases of very rapid labors the child is born in a condition of fatigue and shock not less than that of the mother.

Moreover, the delicate changes of the blood currents within the heart incident to the assumption of respiratory life are by no means instantaneously completed—but, on the contrary, require in many

* *Ohio Medical and Surgical Reporter.*

cases hours, in some days, in others weeks and months for their full accomplishment.

It is a rational deduction from these propositions that the neonatus has need of rest and quiet equally with and sometimes more than the mother.

To commit, therefore, the new born immediately on or soon after separation from the mother to the manipulations of the toilet, always hurried and sometimes nude, is a clear violation of plain common sense and, more, of uneducated judgment.

How opposed to all rational ideas of duty and practice toward all other subjects of violent muscular and nervous pressure and tension. For the mother we very prudently counsel quiet and even absolute rest for hours and defer the putting her to bed, so called, until surely she has recovered somewhat from the shock and fatigue of her ordeal of struggle and excitement; for any bruised limb or part we always advise rest, and in cases of brain or other visceral succussion or injury we hesitate not to suggest scrupulous care as to quiet, but the neonatus, which has been hours, even to days, under the body lashings of severe violent uterine contractions and whose brain has been compressed even to distortion for a corresponding length of time by the resistance of the circle of the os and the passages, and whose heart at the first breath of respiratory life enters on the delicate and important and wonderful changes of blood currents on whose prompt and sure accomplishment its safety and well being depend, is generally immediately or soon condemned to the gymnastics of the washing and dressing process.

It is time corrected views were entertained on this important though simple subject, and a more rational practice adopted and enforced.

PHYTOLACCA DECANDRA IN MASTITIS*

G. W. Biggers, M. D., of La Grande, Oregon, says in the *American Journal of Medical Sciences:* The following cases are stated as the *result of my experience* only with the remedy in question, and I trust that others may try it and report the result.

Case I. Mrs. H., on third day after labor with her second child; mammæ commenced swelling, after an accumulation of milk. Did not see her until the symptoms were so urgent that there could be no mistake about the commencement of an abscess.

I pursued the antiphlogistic treatment, both general and local, until there was no promise of improvement; on the contrary, the case was continually getting worse. I then prescribed fluid ext. Phytolacca decandra, gtts. xx. every three hours, in water. A very marked improvement took place in twelve hours, and in thirty-six

* Western Lancet.

hours the patient was well. There was also a suppression of the lochia, which was also re-established.

Case II. Mrs. B., whose child died a few hours after its birth, was attacked, after the secretion of milk took place, with inflammation of the mammary glands, from over-distension, and had the milk withdrawn very regularly, yet the case continued worse, threatening an abscess. I prescribed fluid ext. Phytolacca decandra, gtts. xx, every three hours. Marked improvement in ten hours, and a complete recovery within thirty-six hours. There was also a suppression of the lochia in this case, which was re-established with the cessation of the mammary inflammation.

Case III. Mrs. G., at the fourth month of pregnacy, was attacked with inflammation of both mammæ, severe pain, swelling, and very great heat, with severe rigors, amounting to a distinct chill. I prescribed fluid ext, Phytolacca decandra, gtts. xv, every three hours in water. The symptoms all subsided, and the patient fully recovered within forty-eight hours, with no other treatment.

I have used the remedy above named in many other cases of mammary inflammation, and it has never yet failed in a single case.

[When a pure tincture made of the *green* root is used, still more marked results will follow the administration of comparatively small doses.—Ed.]

Pregnancy in the Aged (*Lyons Medicale. Phil. Med. Times*).—Dr. Meynart has communicated to us the following case which has fallen under his own observation. A lady died at the age of eighty-five, having had four accouchments. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one. These three persons, the two eldest of whom have been married and have several children, still enjoy the most excellent health.

Specialties (*London Lancet*).—Dr. Robert Barnes says, "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were intrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient."

Provings of New Remedies.

SHORT PROVING, ERYNGIUM MARITIMUM.

BY E. B. IVATTS, DUBLIN, IRELAND.

My attention was led to this plant from reading a statement in an old book, that it was used medicinally by the primitive inhabitants of the Arran Isles, situated off the west coast of Galway. Reference was given to Botanalogia Universalis Hibernica, 1735. This old book, written by John K. Eogh, A. B., speaks of it as follows:

"*Eringo, or Sea Holly. Hib, Holimtragh and Cuillen Traibe.* It grows near the seaside, in Barony of Burren, flowering in June and July. The roots are chiefly used. Eringo roots are *Carminatives, Deopulative, Emmenagogic, Hepatic, Lithontriptic, Nephritic, Diuretic, Neurotic, and Analeptic.* The roots are good for them that are afflicted with the colic, gripes, flatulency, jaundice, dropsy. They open obstructions of the matrix, liver, kidneys, and bladder. They are also useful against cramps, convulsions, and good for consumptive persons."

Had some of the plants collected from the sands near Howth, of which I made a tincture with spirits of wine, cutting up the roots and all other parts of the plants, putting sufficient spirits to cover. It remained standing for several months, being occasionally agitated. Tincture, pungent, with a penetrating odor, and of the color of pale sherry. I made No. 1 dilution by putting 10 drops of the mother tincture to 90 drops of spirit.

PROVING.

NOTE.—*Momentary and fanciful symptoms not recorded. In good health, married, age 39, dark complexion.*

15th of the month.—Ten drops at night, and continued 10 drops morning and night, with one or two omissions, when I took it only of a morning, fasting. The first few days I felt very light and unusually cheerful. The second morning I awoke and became so merry that I commenced to sing in bed. As I am usually heavy and

drowsy on waking, I attribute this symptom to the medicine probably exciting the liver.

27th of the month.—Having used up the two drachm bottle of No. 1, I made up a second bottle of 20 drops of mother tincture to 80 drops of spirit. Dose, 10 drops as before. Dose this morning but not at night.

28th of the month.—(13th day from commencing the medicine.)—Ten drops on rising. Felt very queer before completely dressed; could eat very little breakfast. Walked out after breakfast two miles; rested at a friends house three hours. Experienced general weakness, debility and lassitude; legs in walking felt weak at knees, and almost unable to bear the body. Felt I should drop every minute. Sinking feeling at pit of stomach; pain in one spot in right inguinal region; inclination to close the eyes to shut out moving objects. Pain at nape of neck compelling the support of head on hand or against something. Chills, commencing at nape of neck, going down shoulders and back. Dullness in head, but no actual pain at first. Took a cab home about 2 P. M. Its shaking did not increase and diminish symptoms. Soreness, with and without pressure, over chest, stomach and bowels. Slight dull, continuous pain in bowels; occasional darting pains through lungs to back. Tried to eat dinner; took four mouthfuls of cold mutton and one potato, and a glass of bitter ale, but could take no more; no feeling of sickness all through. Occasional shooting pains under both scapulæ. Little fever heat, or heat of head during whole time; principally cold chills. Pain at back of the ball of right eye, the left eye feeling weak. All the viscera seemed prostrated and as heavy as lead. Circulation deadened, or as if it were stagnated, still great determination of blood to the surface of the body. Veins of hands at back appeared contracted and so depressed as to be hardly visible, though generally full and prominent. Disinclination to speak; voice lower in tone, larynx feeling weak; great dryness of throat, larynx and lips. On sofa all afternoon and evening. Towards 7 P. M. symptoms relaxed. The head then ached but not severely; the pain was in the center over brows. Ate a few spoonfuls of water arrowroot with nutmeg for supper. Increased flow of urine, very red, thick on standing. Sore pain in muscle inside right thigh just above knee.

Took no antidote, except the bitter beer may have acted as such but had no sudden change of symptoms immediately after taking it.

Believe from previous experiments that antidotes intensify symptoms, and that two drops given in alternation are more powerful for good, and yet less powerful for harm, however paradoxical this may seem. In the latter case the pathological action, which I believe I have frequently seen when one drop has been continued singly for some time. In the former case I cannot account for it, but it is a most important feature to be ascertained.

29th of the month.—Much better; able to attend ordinary avocation. Urine still red. Lassitude towards evening, but in less degree. Occasional stomach cough during day, sending spasmodic pain to head. A patch of eruption half the size of the palm of the hand came out in a cluster from inside thigh that was sore yesterday, but it died away the next day (30th), leaving a red areola; eruption like fine pin heads (miliary), points feeling rough to fingers. Great insensibility of glans corona; absence of desire for coition (secondary action) for several days; power of erection seemed gone; quite the reverse of condition ordinarily.

RECAPITULATION.

General Symptoms—General weakness, debility and lassitude—all the viscera seemed prostrated and as heavy as lead—circulation deadened as if stagnated—great determination of blood to surface of body—veins on back of hands contracted and depressed and hardly visible—disinclination to speak—voice lower in tone from weakness of larynx.

Skin—Clustered eruption on inside of thigh, a little above knee, like fine pin points (miliary), rough to touch on passing finger over it—in extent half the size of palm of hand.

Fever—Chills commencing at nape of neck, going down shoulders and back.

Moral Symptoms—Cheerful, merry, sang in bed on waking.

Head—Headache, with pain in center and over brows.

Eyes—Inclination to close eyes and shut out moving objects—pain back of the ball of right eye—left eye feels weak.

Face—Great dryness of lips.

Throat—Great dryness.

Appetite—Unable to eat, appetite bad.

Stomach—Sinking feeling at pit of stomach—soreness over stomach.

Abdominal Regions—Pain in one spot in right inguinal—soreness over bowels—slight dull continuous pain in bowels.

URINE—Increased flow—very red—thick on standing.

GENITAL ORGANS—Great insensibility of glans corona—absence of all desire for coition for several days, power of erection seemed gone.

LARYNX—Great dryness, occasional cough coming from stomach sending spasmodic pain to head.

CHEST—Soreness over chest—occasional darting pains through lungs to back.

TRUNK—Pain in nape of neck compelling support of head—occasional shooting pains under both scapulæ.

LEGS—Feel weak in walking, and almost unable to bear body—sore pain in muscle inside right thigh just above knee—miliary eruption on same part.

In *Withering's Botany*, the Eryngium Maritimum is described as follows: Root leaves roundish, plaited, thorny heads of flowers stalked, scales of the receptacle three cleft. Root long, cylindrical stem a foot high, round, branched; petals bright blue. The roots are considered stimulative and restorative. Perennial; flowers in July and August, grows in sand on the sea shore. [English Botany, vol. 10, plate 718. English Flora, vol. 2, page 35.]

The Eryngium Aquaticum proved in America, can scarcely be the same plant. *Asa Gray's American Botany* describes two species.

Eryngium Yuccæfolium (Michx) Rattlesnake-Master. Button—snakeroot. Leaves linear taper-pointed, rigid, grass-like nerved bristly-fringed leaflets of the involucre, mostly entire and shorter than the heads, roots perennial. (Eryngium Aquaticum L. in part but never aquatic.) Dry or damp pine-barrens or prairies, New Jersey to Wisconsin and southwards, July and August.

Eryngium Virginianum (Lane). Leaves linear—lanceolate *serrate*, with hooked or somewhat spiny teeth, veiny leaflets of the involucre, cleft or spiny-toothed, longer than the cymose, whitish or bluish root, biennial—swamps New Jersey and southwards, near coast—July.

Old Gerarde had a high opinion of the Sea Holly. Gerarde (Johnson's), 1633, says: "The roots boiled in wine are good for colic, breaketh the stone and expelleth gravel, helpeth infirmities of the kidneys, provoketh urine, greatly opening the passages, if taken, for *fifteen* days together. The roots eaten are good for those that be "liquor sick" and for such as are bitten by any venomous beast; they ease cramps, convulsions, and the falling sickness, and bring

down the terms. The roots candied are good to be given unto old and aged people that are consumed and withered with age, which want natural moisture; they are also good for people who have *no delight or appetite for venerie*, nourishing and restoring the aged, and amending the defects of nature in the younger."

In John Parkinson's *Theatrum Botanicum* (1640), the Sea Holly is mentioned as temperate in heat, somewhat drying and cleansing. It opens obstructions of the spleen and liver; helpeth the yellow jaundice, the dropsy, pains in the loins and wind-colic in bowels, provoketh urine, expelleth the stone, procureth women's courses; continued for fifteen days it helps stranguary, urine coming by drops, etc. It is usually taken to help venereous actions, and is good against syphilis. The roots bruised and applied outwardly, helpeth scrophula or the kernels of the throat, or taken inwardly either. The juice dropped into the ear helpeth impostumes therein. It helpeth the melancholy of the heart, and is available in quartaine and quotidian agues; also for them that have their *necks drawn awry*,* or cannot turn the whole body therewith also. It is much used by the natives (query, country people,) to invite venery.

Lindley's Vegetable Kingdom says: Boerhave reckons it as the first of aperient diuretic roots. It has been recommended in gonorrhœa, suppression of menses, visceral obstructions, particularly of the gall bladder and liver. It has also the credit of being a decided aphrodisiac. A good deal of it is sold in a candied state.

Rhind's Vegetable Kingdom says, the roots are celebrated since Dioscorides. *Linnæus* says that the tops of the Sea Holly are eaten like asparagus in Sweden. *Baird*, in his Dictionary of Natural History (1860), says, the candied roots are, at the present day, prepared at Colchester, in Essex, and sold in London.

The aphrodisiac qualities of the Eringo may have led to comfits made from it being called "Kissing Comfits." In the Merry Wives of Windsor, Shakspeare makes Falstaff say, when he is personifying the Ghost of *Herne*, the Hunter in Windsor Park, and Mrs. Ford appears: *Fal.*—My doe with the black scut—Let the sky rain potatoes, let it thunder to the tune of "Green Sleeves," hail kissing comfits and snow eringoes, let there come a tempest of provocation, I will shelter me here, (*embracing her*).

* *Italics are the writer's.*

Clinical Observations.

PHTHISIS PULMONALIS.

The following interesting discussion took place before the British Homœopathic Congress at its Annual meeting September 11th, at Leamington.

Dr. Herbert Nankivell read a paper "*On some Forms of Phthisis Pulmonalis and their Special Treatment*," which being concluded, the president said he should be glad to hear anything anyone had to say upon the subject of phthisis. He thought the meaning of the term ought first to be settled. In his early days they were for a long time taught to apply the term "phthisis" strictly and exclusively to tubercular disease. It was a good thing to have a good definition to a word, and to retain the word in its proper sense. Of late years that rule had been broken through, and they now had—and it was acknowledged by the College of Physicians in their nomenclature of disease—two kinds of phthisis. They had tubercular phthisis, the old and real "consumption," and which was intended to be meant when they used the word "phthisis" a great many years ago; and they had also pneumonic or non-tubercular phthisis—inflammation of the lungs of an ordinary kind, but causing death. It was of course permissible to extend the meaning of any word, and they could extend the meaning of phthisis if they thought proper; but it was also necessary, if the meaning of a word was extended, to know why and to what the extension should apply. He therefore hoped the speakers would give the best reasons which could be produced why pneumonia, causing death, should be included in the term phthisis in addition to the old tubercular disease which for a great many years assumed to itself only the title of phthisis.

Dr. Drysdale, who was very indistinctly heard, spoke in eulogy of Dr. Nankivell's paper, and of the treatment which that gentleman had adopted. He hoped that before long they would be able to add a number more medicines which might be used with benefit. With respect to the term phthisis it appeared to have been originally applied to diseases of the chest, and subsequent discoveries had shown that many diseases of a non-tubercular kind were included in it.

Dr. Gibbs Blake said his idea was that the term "phthisis" originally applied to any feverish wasting disease, so that they might even have abdominal phthisis. During the last generation, however,

the term had been narrowed. With regard to the treatment of "phthisis" he thought it would have been interesting to have heard the results of Dr. Nankivell's observations as to the influence of climate, but that gentleman had been obliged to curtail his paper on account of time. He (Dr. Blake) had seen very good results during the past year from the treatment of phthisis at Davos. Many German and Dutch patients were sent to that place. The patients sat out of doors several hours a day all through the winter. It was a high valley with scarcely any wind and a low temperature. When he went there he met a young German friend who had been very much benefited by his winter stay. He had also an interesting conversation with the local physician, who told him that numbers of persons went to Amsterdam and other places and contracted lung disease, but they came back to that high valley, and though the disease was often in an advanced stage scarcely one of them failed to recover. Lung disease originating in the valley was quite unknown. The effects of climate upon lung disease at an elevation of something like 6,000 feet above the level of the sea was in this case very beneficial indeed. He thought that in Davos they had a place very favorable for the treatment of lung disease; but the patients sent there must not be in a very advanced stage, or they would not be able to bear the journey. With reference to non-tubercular phthisis he might mention that in a case of heart disease where extensive hemorrhage had taken place from the lung, he had seen lung disease very closely resembling the tubercular form of phthisis set up apparently by the clots of blood which remained in the bronchial tubes after the hemorrrhage. A case of this kind, very recently under his notice, was characterized by continued elevation of temperature, with pulse, cough, and expectoration in every respect resembling many of the cases of non-tubercular phthisis which Dr. Nankivell had referred to. He could bear testimony to that gentleman's view of the matter, that such cases of disease were much more favorable in their prognosis than cases of tubercular disease.

Dr. Hayward said that, in reference to the paper of Dr. Nankivell, he was only speaking the sentiments of all present when he said that he had listened to it with interest and satisfaction. He did not know whether Dr. Nankivell had noticed the aggravation of tubercular disease at the time of menstruation. He himself had noticed such aggravation in many cases. With respect to the use of gallic acid, he thought that, as homœopaths, they were quite justified in a severe attack of pulmonary hæmorrhage in using gallic acid. He was in the habit of using it himself in the first decimal trituration, two grains for a dose, till the hæmorrhage ceased. He had thereby gained time and rest from the hæmorrhage which enabled him to treat the case systematically.

Dr. Hale, speaking of the Enjadim Valley, said a medical gentleman there informed him that no person displaying symptoms of phthisis ever went there without the disease being arrested. This was a very remarkable fact, and led him to try how it would be if the

disease was in a more advanced stage. He advised one of his patients to try it, and if he found himself getting worse to return. The result was a perfect recovery. The patient passed the first winter there, and five subsequent winters, and had gained a complete restoration to health. The place possessed in summer a hyperborean climate, and in winter there was perfect stillness and dryness, which, with the excessive purity and stimulating character of the air, had a wonderful effect. With regard to the etiology of phthisis he wished they could all derive from the paper which had been read the same assurance that Dr. Nankivell seemed to possess. He thought any gentleman who had read the discussion by the Pathological Society would be very careful in coming to any positive conclusion in the present state of their knowledge.

Dr. Smart said a question arose in his mind as to whether the cases mentioned as recovering from the climate at Davos were truly cases of phthisis. There was another condition of the lung, a sort of congestion which took place in such countries as Holland, which, they must remember, was not a country of consumption. There was a venous congestion which would no doubt be benefited by the climate of the place mentioned; but he doubted whether it would be any good sending a true tubercular case there.

Dr. Drury said that mistakes were frequently made in pronouncing patients to be suffering from phthisis. If, however, they could discriminate further, they would be able to select their remedies with much greater advantage. Some years ago Dr. Hastings recommended naptha in phthisis, and at the time it had a great run; but it was pronounced a failure. He believed that in pronouncing it a failure and casting it aside great injustice was done, because naptha was a good remedy in non-tubercular cases which were apparently phthisis, but not so in reality. D. Nankivell had mentioned a number of remedies, some of which were new to him—that was to say, new to his every-day practice, for each one of them had a particular class of remedies which they were apt to run upon. He had one in particular for cases of hæmorrhage and phthisis, and that was *Ledum*. He could endorse what Dr. Nankivell had said of it. He had also found ether a useful medicine. With regard to sending patients to St. Moritz, he should advise that all patients who went there should go to the *Kurhaus* and not to the village, as the smell was something terrific, equalling what Coleridge wrote of Cologne. He might mention that all they now heard about the benefit of such places was said equally as strongly of Madeira some years ago. Nothing could exceed the praise given of that place, especially by Dr. Wild in his book published about 1839.

Dr. Gibbs Blake said the place which he was advocating—Davos—was an open valley, sheltered on every side in such a way that there was really no draft in it. In summer there was a slight wind, which began to blow at ten in the morning and continued till twelve, during which time patients were not allowed to go out. He quite

agreed that the patients should go to the Kurhaus, or at any rate be under care.

Dr. Craig (Scarboro') said that when a young man he was threatened with tubercular phthisis and, under the advice of the late Professor Alison, was sent to the Arctic Circle. He went there a tall lad who had commenced spitting blood, but returned robust and without any symptoms of disease. There was another class of cases of non-tubercular lung disease which was benefited by a long sea voyage to the South. He had sent several of such patients to San Francisco, in California, and wonderful was the benefit they had received. If the disease was distinctly tubercular he recommended that the patient should be sent to spend the winter in Canada; but if there was an evident catarrhal condition a voyage to Southern California was the best thing. It was important to distinguish tubercular disease, so that they might send these patients to a cold climate such as that of Canada or an Alpine valley, while they sent catarrhal cases to a southern climate. With regard to medicines he might mention that he had found Iodide of potassium and Sanguinaria useful in catarrhal conditions.

Mr. Pope said it appeared to him that the change which had taken place in the use of the word phthisis was an indication of the greater minuteness with which diseases were now examined, and the greater amount of individualization with which cases were attended to. "Phthisis pulmonum" in past days covered a large number of different diseases. These had been now carefully sifted, and their leading features could be sufficiently well described to enable them to recognize them when they saw them at the bedside or in the study. Such a power could not fail to be of great value and importance to them in the selection of medicines. They were no longer called upon to prescribe one medicine for all cases of phthisis; but they looked upon each case as one of a large family of lung diseases. At the same time there was no doubt that this sifting of phthisis was so comparatively recent, and that the papers that had been written upon it were so comparatively little known, that the circumstance mentioned by Dr. Drury of people going to consult a physician and being simply told they had phthisis in a routine sort of way, was inevitable at present. As the works of Cohnheim, Wilson Fox, Niemeyer and others became better known, and such papers as that they had all listened to with so much pleasure became more generally read, these consultations would be more satisfactory, alike as to diagnosis, prognosis, and treatment. With regard to the Iodide of Arsenic, which Dr. Nankivell had mentioned as a particularly useful remedy, he could fully endorse the estimate which that gentleman had made of its value. He (Mr. Pope) had used it in five or six cases, and had been very much surprised by the results. They had only to select the right sort of case, and he believed the remedy would be found effectual; at the same time they were apt to be very much struck with the success which followed the use of some one medicine, and to get into a sort of routine way of prescribing it in

every case ; and if they fell into that mistake in the present instance Iodide of Arsenic might receive the same fate as naptha. It was an admirable remedy in a certain class of cases, but in that class only. Dr. Nankivell had put before them the kind of cases in which the remedy would be found useful ; in fact the practical character of the Dr.'s paper must commend itself to all of them ; and the fact that what had been laid before them was not merely the result of reading and thinking, but the result of actual personal experience extending over several years, added greatly to its value—a value which did not attach to every paper on practical medicine which appeared in print. Recognizing in Dr. Nankivell one who was so thoroughly practical, and whose contributions to medical literature had ever met with a cordial reception, he thought that it would add to the interest of their meeting that day were he to take that opportunity of stating that Dr. Nankivell had, within the last few days, consented to become associated with Dr. Ryan and himself in conducting the *Homœopathic Review*. (Applause,)

Dr. Dudgeon said it was only right to observe that many of the remedies, such as iodide of arsenic, iodide of lime, and arsenate of lime, of which Dr. Nankivell had spoken with rapturous enthusiasm as being useful in phthisis, were not remedies which had been proved according to their homœopathic mode. Of the real homœopathic remedies the only one to which Dr. Nankivell had given unlimited praise was Bryonia. Lycopodium he spoke of disrespectfully, and Aconite he pooh-poohed altogether. He mentioned this not to invalidate the effect of the paper, but to give them increased reason for the proving of new remedies. The subject of climate and phthisis seemed to be a very obscure one. It would be useful if they could take Dr. Craig's practical rule, and send catarrhal phthisical patients to the south and tubercular patients to the north. Hitherto the patients had not been so discriminated, and some doctors had sent their patients as far north and other doctors theirs as far south as they could go, without drawing any distinction as to the character of the phthisis ; and so some doctors had been led, like late Lord Jeffery, to damn the north pole and talk very slightingly of the equator. A short time ago he learnt from Dr. Thompson, of Copenhagen, that the Denmark physicians sent their phthisis patients to Iceland. It was not the high altitude of Davos and St. Moritz which rendered them curative of phthisis, because Iceland, which was similarly beneficial, was low. There must be some point common to the two, and their enquiries might well be directed to that point.

Dr. R. Hughes remarked that as all patients could not be sent abroad, they wanted to find some place in England where the climate was such that their patients could go out of doors. He had had some experience in this matter himself, as in 1865 his wife was the subject of non-tubercular phthisis, and the air of Brighton being too stimulating, he determined to send her to Exmouth, a place which had all the softness of air which characterized Torquay and Dawlish,

but was without their relaxing qualities. The effect of a residence there was that his wife was completely cured. If any of them had patients under their care who could not go abroad, he could confidently recommend Exmouth.

The President, in summing up the discussion, remarked, in reference to the subject of climate, that they must be conscientious in not sending patients out who had no manifest prospect of deriving benefit. If the patient was so far advanced in disease as not to be likely to recover, he had far better remain at home, with home comforts, than be sent away. There was another thing he would mention, and that was with respect to hæmorrhage. He had found the first trituration of iron a useful remedy.

Dr. Nankivell then replied. He thanked the members of the Congress for the kind way in which they had received his paper, in which, on account of want of time, there were, no doubt, many omissions. With regard to the use of the word "phthisis," he thought "phthisis pulmonalis" should include every wasting disease of the lung. There was now included in the term all that Lænnec included in it; but Lænnec called every form of the disease tubercular, because apparently it was so. With regard to Dr. Hayward's observations, he might say he had noticed that there was an aggravation in most cases of chronic bronchitis and lung disease during the menstrual period. As regarded the question of climate, certainly the Swiss and Icelandic were beneficial in some cases. He believed that in Peru phthisis patients were sent up a mountain 8,000 or 10,000 feet high, and about 80 per cent. recovered after remaining there some time. He had read Dr. Wilson Fox's paper, in which there were conclusions contrary to those of many English and German physiologists; still they got this—that in one class of cases which they now recognized as non-tubercular, the patients would get well under proper treatment; whereas the tendency in the other class of cases was more directly towards death. They must not, however, fall into the idea that pneumonic phthisis would get well very easily, because it would not do so; and unless great care was taken, the disease went downwards. With regard to the climate of Exmouth, he was well acquainted with it. It apparently possessed a dry soil and an elevation of about 100 feet above the sea, and in that respect it resembled Bournemouth; but it had a softer climate and higher winter temperature. It was a very good English climate indeed.

NAJA TRIPUDIANS IN NEURALGIA.

BY D. A. COLTON, M. D., CHICAGO, ILL.

Mrs. W., aged 32 years, of *nervous temperament* and feeble constitution, had been subject to attacks of neuralgia and sick headache for a number of years. She bore one child six years since, and following this period she suffered from some female weaknesses.

These, however, were more of the nature of irritability and relaxation, than of any positive organic lesion.

Previously to gestation and indeed from her youth she had been subject to periodical headache, but subsequent to this it took on a very aggravated character; to such a degree was this, as to prostrate her, and she would be confined to the bed for days and even weeks.

The paroxysms were precipitated by overdoing more than overeating. Anything that overtaxed the body or the mind, was sure to bring them on. The headache might be preceded by irritability of the stomach, but the pain was usually severe for several hours before nausea and vomiting set in. The pain was *very severe* in the left orbital region, and extended back to the occiput. About the orbit it was an aching pain, after some hours it might be throbbing, and thence it was drawing in its character to the back of the head.

The vomiting was attended with every variety of phase, from simple watery and mucus to that of strongly acid or bilious. The bowels were usually regular, and the monthly periods in proper order, both as to time and character. Hence the cause of these distressing paroxysms must be looked for in another direction; and it was readily found to arise from an unfortunately weak constitution and extremely nervous temperament. Consequently, whatever would shock the body in one direction, or the mind in another, would be sure to precipitate them.

The patient had taken every known narcotic remedy, so-called, before she came into my hands, and they had each in their turn only proved to be *painfully palliative.*

I found *Naja Tripudians* 6th in water to abate the distressing headache and to lengthen the intervals of its occurrence, and whenever vomiting had set in, that the Nitrate of uranium 3d produced a marked relief of the same.

PLECTRANTHUS FRUCTICOSUS FOR RHEUMATISM *(Boston Journal of Chem.)*—We see by foreign journals that one of the new notions in Belgium is the use of the *Plectranthus fructicosus* for rheumatism. All that is required, it is said, is to grow the plant in the room occupied by the sufferer. The plant is known in England under the name of "nettle geranium" (probably because it is neither a nettle nor a geranium), but we are unable to state whether rheumatism is unknown in the cottages where it is cultivated as a window plant. If it really has the medicinal powers ascribed to it, which we greatly doubt, though we can give no conclusive reasons for our unbelief, it is likely to become a household favorite everywhere.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

PETROLEUM IN PERTUSSIS.

Last July three children took the hooping cough, increasing in two of them to tussis convulsiva in spite of the usual remedies. During that time bed bugs were found in the cribs of two of them, who slept in one room, whereas little Anna's crib in another room was free of them. The infested cribs were taken to pieces, well cleansed and all the infested places well rubbed in with petroleum. From that time forward the cough declined, the boys slept more quiet without being disturbed by spells, whereas their little sister coughed as much as before.

SPONTANEOUS CURE OF A WOUNDED ARTERIA BRACHIALIS, DIVIDED BY A GUNSHOT.

J. ——, 54 years old, went July 19th target shooting, and accidentally discharged his gun, while leaning upon it. A terrible hemorrhage followed, the blood spirting out from both ends of the wound. I saw him a few minutes after the accident, and found him fainting, pale as death, the forehead covered with cold clammy sweat; in the few moments of returning consciousness he complained of anguish and oppression in the pit of the stomach; the ground around him was covered with vomited food and blood. He might have lost about four pounds of blood. No pulse could be felt. The ball entered about one inch above the condylus internus, its exit at the posterior edge of the deltoid-muscle, length of the wound-canal about 12 inches; the direction of the shot went in the diagonal of the arm. The projectile passed the posterior side of the bone, apparently without injuring it. The hemorrhage had stopped. Most probably the brachialis was shot through at the entrance of the wound, but according to the position and direction of the wound, the profunda brachii and branches of the circumflexa posterior might be injured. Ligating the brachialis was therefore out of the question

and the axillaris must be chosen. But as there was no hemorrhage, we considered it our best plan to let well enough alone, and our first aim was, to remove the nausea and the great thirst, in which we gradually succeeded by small pieces of ice and teaspoonful doses of brandy. In order to guard against a renewal of the hemorrhage I put the arm in a raised position and packed ice-bladders around it. Certainly I remained with the patient in order to be on hand to perform any necessary surgical operation, if hemorrhage should return, but the night passed without it, and the next morning I concluded to keep on with my treatment. I felt now for the first time a pulse in the sound arm, three days later I thought to feel a slight wave in the left radialis. On the fifth day the pulse was strong enough, so that it could be counted. The wound discharged some bloody water during the first two days, and then to the day of the closure of the wound only so little, that the lower layer of the lint hardly felt damp. Slight suppuration from the burn only took place at the entrance. After eight days a piece of paper from the cartridge of the size of a sixpence was removed from the place of exit. After three weeks the entrance-opening closed, towards the latter part of August the other end. During the whole time he complained of a dull numb sensation in the left hand, for which I advised the use of animal baths. The ice-treatment lasted in toto sixteen days; but after the first week the number of ice-bags was gradually decreased. After four weeks he left his bed, and about October he was strong enough to go traveling. Five months after the accident a swelling arose at the upper cicatrix of the size of a common egg, belonging partly to the soft parts, partly to the bone. The patient complained of severe burning tearing pains in the whole left arm, causing restlessness during the whole day. He could move the arm well enough, but the hand was powerless. He now took Iodide of Potash 20 grs. daily. After two weeks the wound opened and discharged another piece of the cartridge, but the pains did not yet cease, and there was also abdominal congestion. Natrum carb. and Rhubarb pills released him of all his neuralgic symptoms.—*B. K. W. 20, 1873.*

Ergotine—Its Action upon the Bladder.

It is well known that ergotine stimulates the sphincter vesicæ and thus causes a fulness of the bladder. Dr. A. Werrich's experiments show, that this fulness of the bladder is not only produced by a retention of normal quantities of urine, but that ergotine simultane-

ously accelerates the excretion of urine. In midwifery we must closely watch therefore the effects of ergotine, as the fulness of the bladder may cause an obstacle to the expulsion of the child.—*Centralblatt, 23, 1873.*

CHRONIC BRONCHO-PNEUMONIA (PHTHISIS PULMONALIS) AND GRANULIA (TUBERCULOSIS).

BY DR. AUFRECHT.

Dr. Aufrecht performed one hundred autopsies of persons who died from consumption. In ninety-two cases chronic-inflammatory alterations were found in the apices of the lungs, in forty-eight these were exclusively diseased, in four miliary tubercles of the lungs only were found without any residue of a former inflammatory local process. The slaty indurations discovered post mortem, though no morbid state could be proved during life, as well as the more acute form of inflammation preceding the cheesy and ulcerative metamorphosis, never originate from tuberculosis, but from disseminated broncho-pneumonia, which are exceptionally and then only secondarily complicated by tuberculosis. The broncho-pneumonia itself is caused by a deposition of white blood corpuscles in the bronchioles and alveoles, frequently with consequent decomposition of the exudation and of the infiltrated parenchyma. Such a disease shows hardly any symptoms at the beginning, and amenorrhœa of young persons deserves, therefore, sometimes our careful consideration. The *hæmoptoe*, which Niemeyer considers a frequent initial and therefore casual condition of cheesy broncho-pneumonia, may be considered as an act favoring the extension of an already present cheesy-ulcerative affection, or as much as the new foci take, then start from the blood deposited in the bronchioli and alveoli. With the blood are always particles of decomposed parenchyma carried off, acting as incitans to inflammation; and it is quite certain that a hemorrhage from a perfectly healthy lung will never produce such unfavorable consequences, but without any exception whatever it always pre-supposes some alterations of older date, most frequently divisions of continuity in the midst of inflamed and crumbling tissue, more rarely from the bursting of an aneurisma or from arrosion of the bloodvessel in the walls of the cavity. Neither is catarrh ever the cause of phthisis pulmonalis. But the usual lobar pneumonia of the upper lobe may sometimes, though rarely, become the

starting point of a chronic broncho-pneumonia, more frequently a catarrhal pneumonia, especially in infants. *Cough*, which is considered as so frequent symptom of the earlier stages of the disease, is not a constant symptom, and must be only considerered as an accidental manifestation, inasmuch as especially with copious secretion in the pulmonary parenchyma itself, a laryngeal catarrh may be added to that of the finer bronchi. On the other side numerous cases of undoubted pulmonary infiltration are recorded, where cough never existed or only a long time after its presence was proved, arising under the favoring influence of recent noxæ. Even patients, not troubled with cough, discharge copiously a gelatinous or more purulent secretion, which comes up to the trachea only from ciliated ephithelium. Whereas in the chronic course of the disease a fatal issue is arrived at by a gradual progress of the inflammation and the increasing marasmus, the same happens in acute cases by pneumothorax, pleuritis or granuly. In regard to etiology of all the chronic-inflammatory affections put together under the name phthisis pulmonalis; *Aufrecht* lays the greatest stress on certain predispositions, of which hereditariness takes the first place, which could be proved in 23 per cent. of his cases. Other predisposing causes are scrofulosis, syphilis, exhausting diseases; *Buchanan* leads our attention especially to moisture of the ground. When in the upper lobes of the lungs of a person, predisposed by some cause, a mucous or epithelial secretion sets in through an immediate accident, given by the chemically or mechanically irritating action of the inspired air, and when this secretion remains quietly in its place, broncho-pneumonia follows by the irritation exercised on the surrounding parenchyma.—*Aufrecht* rejects the name "tubercle" for the recent stage of the neoplasma, and wishes with *Empis* to have it considered as granulation. Such a one may pass through a fibrous or cheesy metamorphosis. Only for the latter he uses the expression tubercle, as this involves the idea of detrition and specificness, refuted by the experience of experimentors. In relation to the histogenesis he believes with Klebs and others, that it emanates from the lymphatics, but not thus, that the newly formed cellular mass directly arises from a proliferation of their endothalia, which would be inside of the lymphatic itself. According to his observation we see only in regard of the endothelia a swelling limited to a certain part of the lymphatic with consequent granular detritus, but no prolification or neoplasma put around this place, decidedly outside of the walls of the lymphatic, a dense accumulation of far

smaller cells takes place, decreasing in number toward the periphery. These small globular elements are a sequel of the lymphangitic inflammatory focus. Hygiene must do the most for phthisical patients, although he has seen good effects from iron and quinine.—*Med. Neuigk., Aug. 1873.*

IS PHTHISIS PULMONALIS CURABLE?

BY DR. R. MASSINI.

According to the statistics of Buhl, Bollinger, Slaviansky, Aufrecht, etc., there are 65 cases of pure phthisis to 35 of miliary tuberculosis, two-thirds of all fatal cases belong therefore to uncomplicated cheesy pneumonia and only one-third die from tuberculosis.

We have not yet any certain facts, that miliary tubercles are curable, but there is no reason why the small nodules may not stop in their development, and fatty detrition and resorption take place. *Empis* and *Waldenburg* observed on animals, which were vaccinated with pus and cheesy matter, that they recover after high-graded emaciation, and in autopsies nodules were found surrounded by a pigmented aura.

Is cheesy pneumonia curable? *Lænnec* has observed the frequency of cicatrices in the pulmonary apices. *Cruveilhier* and other French anatomists found in all old people "cured tubercles in the lungs, so that *Rogée* in one hundred cadavers of old women found 51 times cheesy or chalky thickening of the lungs; *Beau* in 160 cadavers of old women 157 times cicatrices in one of the apices of the lungs. All recent investigations reassert these observations, and it is now generally acknowledged, that chronic destructive processes in the lungs are curable, as long as they are not very extensive and slowly progressing.

Continued fever with high evening exacerbations are always conjoined to rapid loss of strength and with increase of the local manifestations. Of 361 phthisical patients 263 showed increase of temperature, of which 131 (49 per cent.) died, 98 were afebrile, of whom 3 (3,1 per cent.) died. Of 142 febrile patients 81 showed decrease of weight, at an average of about 9 pounds each, 11 kept their weight, whereas fifty patients with slight fever averaged only a loss of six pounds. Of 66 afebrile patients 53 increased in weight, nine decreased in weight, four lost a little. The disposition to phthisis is no doubt hereditary, or may be produced by scrofulosis

in childhood, by long continued suppurations, especially of the osseous system (*Billroth, Menzel*), by different preceding severe diseases.

Some good authors consider phthisis contagious, and Gerlach even considers it possible, that the milk of phthisical cows may become an agent for its diffusion. Prophylaxis remains therefore our chief duty. The treatment of the fever in cheesy inflammation is the point which claims our greatest attention.—*Arch. f. Klin. Med. XI. 4.*

CLINICAL HINTS AND CHARACTERISTICS.—BORAX.

Dr. Pitet leads our attention to the action of Borax (30) in serpiginous ulcerations with circumscribed edges at the union of the lips in lymphatic-scrofulous children, and in women below the mammæ. He also cured with Borax an old lady of fifty, suffering for years from an obstinate ulcerous blepharitis of the external commissures of the eyelid. Borax is also specific in certain affections of the respiratory organs with cough, aggravated by drinking wine.

BURNS IN SMALL CHILDREN.

These may quickly produce death in small children, even when limited to small surfaces. This sudden action is caused according to *Dr. Leviseur* by the nervous shock caused by the injury, which frequently produces most severe convulsions: Our first indication is to remove the pain. *Bell* recommends the internal use of opium and external applications of alcohol. *Sydenham* recommended to cover every day the burnt parts with linen steeped in alcohol, as thus suppuration will be prevented and the pain removed. The use of opium is rather dangerous in infancy, but alcohol is the safest and surest remedy, and without any danger even at the most tender age. The terrible crying of children is immediately hushed, as soon as the burnt surface is loosely covered with compresses wet with alcohol, or by an alcohol bath. But the pain is apt to return, if the process is momentarily interrupted, and a couple of hours of constant application are usually necessary for its entire removal, when we find the epidermis reddened and shrunk, or the blisters burst and evacuated, alcohol must then be continued at longer intervals. Where we have to deal with extensive burns, the evaporation of a large quantity of alcohol may act stupefying in children, and it needs therefore careful watching.—*Med. Neuigk., Aug. 1873.*

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

OUR PHYSICIANS AND MATERIA MEDICA.

"A pharmaceutist in this city was formerly in the habit of sending out a person to solicit orders from the various physicians about the country. One time when he was about to set out I asked him to examine the doctors' libraries and see what works they had on Materia Medica, and when he returned he broght just the answer I expected; 'I hardly saw a book on Materia Medica in all my visits to the doctors.'" —(*North American Journal of Homœopathy*, August, 1873.)

When I read these lines in Dr. Shipman's able and timely essay, I glanced at the shelves which hold my books on Materia Medica, and first and foremost my eye rested on the battered volume of "Hull's Jahr.," which formed my first book in that most important and intricate of all our studies. There it stands, marked, and fingered, and scarred with hard work. In the olden time in the Philadelphia College our fellows who emulated Hering and Williamson, carried this book under their arms, and devoted all their leisure moments to its study. My old Jahr was carried under my arm during the day, conned every possible moment, enriched with the remarks of the venerated masters of our art, and in short it was the companion of my every hour, and to this close and continued study I owe all my success in life. My next acquisition was Teste's Materia Medica, now out of print, a work that was of great value at the time of its publication, and which will still repay study. Jahr's Symptomen-Codex was my text book—huge, vast and spirit-daunting. I once knew a young man who read the two thousand pages of the first two volumes at the rate of a hundred pages a day; result was confusion worse confounded. Then I got Peter's "*New Materia Medica*," as a supplement to the North American Journal—a monument of an abortive attempt to drag our fair science back to the clutches of its mother allopathy, yet not without its value. Its

remarks on Apis Mellifica, Arnica Montana, and Aconitum Napellus are of especial interest, while the article on Arsenicum Album is simply invaluable. I next added Hahnemann's Materia Medica Pura and Chronic Diseases, both of which have been perused and consulted times without number. When I began my studies; a physician of some experience remarked to me that "after reading Hull's Jahr you ought to glance at the *Materia Medica Pura.*" As if any mortal could master that mass of erudition at a glance! I esteem the Chronic Diseases highly, but place them beneath the Materia Medica Pura, which is really the *magnum opis* of our master; and I regret exceedingly to say that I know very many excellent physicians who do not possess these grand old books and who have never read one page in them.

Hempel's Materia Medica was my next prize. From the commencement of my professional studies I had been addicted to the study of pathology, and I at once recognized the value of the physiologico-pathological basis of the work. I read the first edition twice through, besides consulting it frequently, while the second edition has been perused once. One of the sharpest critiques of Hempel's work appeared in the *British Journal of Homœopathy*, Vol. XXIII. Take the following as a specimen: "Now, the first attempt at pharmacological speculation we meet with in Dr. Hempel's pages proceeds upon physiological doctrines which the first year's student must know to be incorrect. We are told that Aconite 'is endowed with a specific capacity of inducing a spasmodic torpor of the tissue of the terminal capillaries.' Now, the capillaries are mere channels in the tissue; their walls, if they have any, are composed of basement membrane simply. Hence 'spasmodic torpor of their tissue' is an impossibibity; and the speculation which follows is utterly useless." The present writer, a devout and unwavering Hempelite, was neither silenced nor convinced by the wordy clamor of the "*British*" reviewer, for everyday experience confirmed Hempel's teachings. Now comes Dr. Edward Rindfleisch, Professor of Pathology in the University of Bonn, author of the matchless "Manual of Pathological Histology,"—the perusal of which marks an era in the life of every physician—and states: "The wall of a capillary vessel consists of a homogeneous, glassy membrane, beset at intervals with nuclei. By impregnating this membrane with silver nitrate we are able to prove that it is made up of plates accurately adapted to each other; to about the middle of each plate a nucleus is fixed by a little soft protoplasm. The plate itself may be viewed as a thin

layer of hardened protoplasm." This settles the question, for Rindfleisch is the Von Moltke of pathological histology. No homœopathic library can be considered complete unless it contains the grand work of one of our grandest men.

Then I picked up Hartmann's "Chief Remedies," published in the year 1841, containing admirable sketches of a number of our leading remedies. I think that the little work is out of print, but to the beginner it is of great value. In the department of monographs I am but scantily furnished, having only Reil on Aconite, Hirschel on Rhus and Bryonia, and Metcalf on Thuja and Colocynth. I think that some of our writers might employ themselves on a series of monographs, including all our leading remedies, presenting them from every possible standing point, and giving their uses in all the schools of medicine. I began my professional life as a bitter, rigid, intolerant homœopath, with a lofty scorn of all books—especially works on Materia Medica—which did not emanate from my own school. But now after nearly a score of years of hard and constant study, I conclude that the true physician should study the Materia Medica and Therapeutics of all the schools, and acting on this idea I have mastered them all. Am I less a homœopath, or a poorer homœopath on this account? I trow not. Rather am I better in all respects, for from the allopathic text books I have learned much concerning the botany and chemistry of our remedies, while from the books of the Thomsonian, Botanic and Eclectic schools I have acquired a mine of knowledge, all moving in harmony with our almost divine law of cure. One meets with most startling conformations of the *Similia* in unexpected quarters. Take the following from Daily's "Indian Practice of Medicine," published at Nashville, in 1855: "Bear's-foot root makes a good poultice, boiled and applied with corn meal; but wild indigo, called horse-fly weed root, is the master root to be applied in scarlet fever, boiled, and the root, or the liquid of the root, after boiling, thickened with corn meal, and applied three or four times a day." In allopathy I have Christison and Griffith's Dispensatory, Pereira's Materia Medica and Therapeutics, Wood's Therapeutics and Pharmacology—a fit companion to his matchless Practice,—Paris' Pharmacologia, Fleming on Aconite, and Ringer's Handbook of Therapeutics, besides some minor works. In the other schools I have Thomson's "Guide," King's American Dispensatory, Jones and Scudder's Materia Medica, Kost's Materia Medica, Coe's Organic Medicines, Paine's New School Remedies, and Scudder's Specific Medicines, with some others. Ringer's

Handbook of Therapeutics is the most valuable that the allopathic school has yet produced, and well it may be, as it is crammed full of ideas stolen from our school, while Scudder's book shows how very closely allied the Eclectic school of the future will be to the school of the *Similia*.

Hale's great works are prominent among the volumes on the shelf devoted to homœopathic materia medica. I am proud of possessing a complete set of Hale's writings on materia medica. I have read them carefully and repeatedly, and consider them a mighty reinforcement to the remedies of the older homœopathy. Every year brings them more and more into use, and every year places Hale in a higher niche in the temple of fame. Of course I have Lippe's "Key" and Lippe's Text Book of Materia Medica—the latter being about the best compend we possess. You, Mr. Editor, once told me that of the physicians who ordered Dr. Hermann Gross's Comparative Materia Medica, *a majority sent it back.* I submit that a most meritorious work has been misunderstood, for while it is faulty in many respects—notably in clinging to the antiquated idea of the essential difference between primary and secondary symptoms—it is still capable of helping one out of a pressing difficulty. But note, that while Dr. Hermann Gross gives us merely the dry bones of comparative materia medica, Dr. E. A. Farrington, in the work of which we have as yet only a small instalment, gives us Comparative Materia Medica breathing and instinct with life. Farrington's book will be quite indispensable when completed, and let us hope that the gifted writer may be spared to carry out his felicitous idea.

Of the more recent books, I possess Burt, Hering and Guernsey. Burt's idea is an excellent one, but he errs greatly as to the source of most of his symptoms. Instead of giving credit to the original prover or writer he credits the author whose work he chanced to possess, and one would think, from a perusal of the book, that Guernsey, not Hahnemann, was the founder of homœopathy. I have all of Hering's "Materia Medica Magna"—as its admirers call it—that appeared in the first four volumes of the American Journal of Homœopathic Materia Medica, for when he transferred its publication to the Hahnemannian Monthly I declined to march through Coventry with him. I am now told that he has discontinued its publication altogether, assigning as a reason that Dr. T. F. Allen's Cyclopædia renders his book unnecessary. I do not quote the precise words, as I haven't followed Carl Muller's advice in his "Essay on the Yaller Dog"—"1st, let us all subscribe for the *Hahnemannian*. 2d, Let us take only the Hahnemannian." Guernsey's book has many good points, but it is too much condensed; still, some of the articles, especially that on Aconite, are most admirable summaries. Perhaps the most curious work on Materia Medica in my library is a copy of the first book on the subject that Hahnemann published. It is in Latin, and cost me the magnificent sum of twenty-five cents. In all, this section of my library includes sixty-five volumes, and this, together with the hundred

other volumes of the section of pathology, has monopolized a great part of my study hours. At the very commencement of my studies, I met Constantine Hering, and enjoyed the rare advantage of attending his lectures every morning for three college terms, and from that Nestor of our school I obtained two golden rules: First, *Read Materia Medica and Therapeutics one hour each day.* Second, *Make provings of all our leading remedies.* When these rules are followed, future inquirers will not be able to say: "I hardly saw a book on Materia Medica in all my visits to the doctors." S. S. C.

HOMŒOPATHY AND THE COMMISSION FOR REVISING THE CONSTITUTION OF STATE OF MICHIGAN.

On October 3d the educational article was further considered as in committee of the whole.

Mr. Meddaugh moved to so amend section 2, which relates to the University, so as to make it conform to the corresponding section of the present constitution. He said there was a sensitiveness on the subject, and he doubted the policy of removing the University farther from the people. For himself he would favor placing the University and all public institutions directly under the control of the Legislature.

Mr. Pond hoped the motion would not prevail. Every proposition had been more or less criticised, and if the commission yielded to these criticisms they will accomplish nothing at all. The Legislature consisted of near 150 members, the Board of Regents of 8 members—both equally the representatives of the people. The section as it stands, he held, was no essential change. The Regents have had control of the University since 1850; this section only seeks to make clear what has heretofore seemed somewhat ambiguous.

Mr. Upson had before advocated leaving the section as it is in the present constitution. The people will acquiesce in the construction of the Supreme Court on the subject. Change it, and it will awaken an opposition that will endanger the results of our work.

Mr. Willits deemed it right that the matter should be put just where the section which now stands puts it, viz., by giving the control of the University to the Regents. Others thought differently. The matter should be definitely determined by the constitution. He did not sympathize with the old school physicians in their course, but if the people wanted homœopathy in the University they would elect Regents who would put it there. But it is too conservative an institution to be subjected to the varying impulses of popular feeling.

Mr. Meddaugh said that the earnestness with which gentlemen on the other side discussed the matter showed the feeling which would pervade the State on the subject. He held that if the Regents go wrong their long official terms made it especially difficult to right them.

Mr. Riley thought that there was some misunderstanding as to the meaning of the section. It was understood by some to give the Regents control of Legislative appropriations.

Mr. Wells stated that as Mr. Pond had quoted the opinion of a Regent that the clause should be made specific, as proposed by what is known as the Pond amendment, he had the opinion of another Regent in the other direction. He thought the section the most dangerous to the work of the commission of anything that had come before it. The expression which he had received from very many gentlemen, including members of the Legislature, satisfied him of this. In this he spoke as a friend, and not as an enemy, of the University, which he regarded as the highest educational institution in the land.

The chairman, Mr. Cutcheon, said that he should oppose the amendment, believing that the University should be controlled by the Regents, and not be kicked about like a football at the behest of partisan or other incidental interests. He said this as without any feeling as between the rival schools of medicine on account of which the present difference of opinion exists.

Mr. Pond said that at first he did not favor any change. In his absence a change had been made, which it was claimed has the same scope of the section as it stands. The expression called out by that change had satisfied him that the clause should be made specific. If the commission retrace its steps in this matter on account of outside clamor, they might prepare to do so upon every important change that had been proposed. We should stand upon principle and not seek to adapt our action to every wind that blows.

Mr. Jerome thought that the duty of the commission could be best discharged by acting upon their best judgment. For himself he believed that the Regents were the proper body to govern the University, which he thought could better forego occasional legislative appropriations than to be subject to Legislative control.

Mr. Meddaugh's motion was lost, six to six, as follows:

Yeas—Messrs. Crouse, Deveraux, Meddaugh, Upson, Wells and Woodward.

Nays—Messrs. Crane, Cutcheon, Jerome, Pond, Riley and Willits.

Mr. Riley offered the following addition to the section: "But all money appropriated by the Legislature to the University shall be applied as provided in the condition accompanying the appropriation." Adopted.

At Lansing, October 9, the Commission met pursuant to regulation.

Mr. Wells presented a memorial from 104 citizens and business men of Battle Creek relative to the management of the University. The memorial is as follows:

To the Constitutional Commission:

The undersigned, citizens and voters of Battle Creek, beg leave to represent that they are decidedly opposed to any attempt on the part of your commission to change the constitution so as to give control of the University and its funds into the hands of the Regents, as contemplated in the amendment of Mr. Pond, of Wayne.

We are of the opinion that the University should by right remain under the control of the people, who furnish it with subsistence.

On October 10, article 13, of education, came up on final passage.

Mr. Upson moved to restore the present section of the Constitution relative to the University. He thought the fate of the work of the commission depended upon this section. To change it would array against the work all of those who differed with the course of the Regents. The feeling of the Legislature and of the people on the subject was continually growing stronger.

Mr. Pond thought one great object of the present work was to correct ambiguities in the present instrument. The large majority of the people believed the control of the University should be with the Regents. The Legislature does not of necessity represent the people on this subject. The question of interpretation is not, as has been said, before the Supreme Court. An application has been made to a Circuit Judge, and it has been boasted throughout the State that his decision will be in accordance with the wishes of those who have sworn out the writ, knowing that his decree cannot be reversed in consequence of the equal division of the Supreme Court.

Mr. Riley was squarely in favor of giving the control of the University to the Regents. A divided control would be fatal to it.

Mr. Upson said that it was better to sit still than to rise up and sit down. The section, as it stands, will meet with the condemnation of the people. Much of the feeling on this subject arises from the feeling of exclusiveness on the part of the medical faculty. Gentlemen will find that there is more of a hornet's nest in this matter than they suppose. The people will not sanction any such spirit of exclusiveness as seeks to control the University. The action of the Regents is influenced or governed by the dictation of the faculty. The work done here must go before the Legislature, whose act has been supplanted by the Regents—who have taken the legislative appropriation but refuse to obey the legislative mandate. To undertake to change the present provision would array parties—to leave it as it is will not do so.

Mr. Meddaugh said if the Regents are to have exclusive control, it should have means sufficient for its support without applying to the Legislature. He would favor wiping out the Board of Regents and placing the University under a board similar to other State boards; and that change must come sooner or later, or the University will suffer.

Mr. Ferry referred to the change in the construction of the Board of Regents from the appointive system, the latter being thought necessary to promote its success. But for the necessity of accepting legislative aid, the existing disputes would not have arisen. Having held a seat on the Board of Regents some years ago, Mr. Ferry said that the action of the board had not been controlled by either of the faculties, but by a desire for the best good of the institution. He contended in favor of giving full power to the Regents, who are more stable in their plans than the Legislature can be.

The amendment failed, eight to eight, as follows:

Yeas—Messrs. Crane, Crouse, Deveraux, Meddaugh, Upson, Wells, Withey, Woodward.

Nays—Messrs. Cutcheon, Divine, Ferry, Hatch, Jerome, Pond, Riley, Willits.

The article passed, 12 to 4; Messrs. Crouse, Meddaugh, Upson and Woodward in the negative.

[*Correspondence of the Detroit Post.*]

ANN ARBOR, Sept. 18, 1873.

The Attorney-General of the State has presented in the Circuit Court a petition for a *Mandamus* to compel the Board of Regents of the University to appoint two homœopathic professors. The petition recites the law passed at the last session of the Legislature, and also states the action since taken by the Board of Regents in relation to the subject. It is supported by affidavits from Thomas F. Pomeroy and Francis Woodruff. In response to the petition Judge Crane has issued the following order:—

Ordered, That the Board of Regents of the University of Michigan show cause, at the next term of court, to be held at the Court House in the city of Ann Arbor, in said county, on the twenty-fourth day of November next, why a peremptory *mandamus* should not be issued out of the said Court to compel it, the said Board of Regents of the University of Michigan, to appoint, install and thereafter maintain two Professors of Homœopathy in the Department of Medicine of the University of Michigan, to wit: One Professor of Theory and Practice, and one Professor of Materia Medica, who shall receive the like salary, and be entitled to all the rights and privileges of other professors in said Department of Medicine.

And it is further ordered, That a copy of this order, together with a copy of the petition and affidavit aforesaid and upon which this order is founded, be served on the said Board of Regents of the University of Michigan sixty days before the time herein above limited for showing cause.

How the attempt to favor the Regents of the University in their exclusion of homœopathy against the will of the Legislature is regarded, may be judged by the following editorial from the "*Saginaw Republican.*"

The Constitutional Commission seem determined to precipitate a political controversy upon the State University. They have assumed to give the absolute control of that institution to a Board of Regents, and cut off all authority or supervision of the Legislature over it in any shape or form. Thus an institution, created and supported by the people for the supposed benefit of all the people, is so far removed from them that only in the election of the eight Regents can they reach it for good or evil. The Regents are elected two every two years, at the spring elections, and thus it will take the people six years of constant and steady effort to change any obnoxious feature or character it may assume or have engrafted upon it. This is quite too conservative, too far removed from the popular will and wish for an institution that has received hundreds of thousands of dollars of the people's taxes per annum. We say to the gentlemen of the commission it will not go down. We prefer to see their entire work knocked into slivers and gone for naught, than to perpetuate that most insolent of all branches of our State government, the present bigoted and monkish Board of Regents, to say nothing of giving them still more power, and removing our great University still farther from the hearts and sympathies of the people who are loaded with taxes to support it.

Through the subsidy of professorships and salaries, the Board of Regents and professors have so far managed to tie up the Supreme Court, and prevent the opening of the door to a wide, thorough and popular reform in a single department, and the commission, with an avidity that does it no credit at home or abroad, has lent itself to the same illiberal object. We protest against it as a wrong, and as fatal to the progress and character of the University, and a libel upon the intelligence and liberal character of our people. A commission that has not back-bone enough to acknowledge the existence of a Supreme Being, and give utterance to the thanks of 99 per cent. of the people for continued and peaceful blessings of a Divine Providence, essays to say to the people that their Legislature shall not interfere with the work of a few Regents in perpetuating a deified system of medication for their posterity—so tender of injuring the feelings of a few infidels, free-lovers and idiots, and so intolerant of the masses who refuse to swear by and worship medical allopathy. The wise men of Gotham went to sea in a bowl or tub, no matter which, but they were sensible in either case, compared to the wisdom of the commission towards the University.

COLLEGES, SOCIETIES, ETC.

PULTE MEDICAL COLLEGE.

E. A. Lodge, M. D., Editor American Observer.—Dear Dr.: In reply to your letter of inquiry as to condition and prospects of the Pulte College, I am happy to say, that the college session opened on the 25th of September, with an introductory address by Prof. T. P. Wilson, who announced for his theme "The Coming Doctor." The address fully sustained the reputation of the eloquent orator, and was listened to, and frequently applauded by a large audience, composed of citizens, physicians and students. Our present class already numbers nearly fifty students, many of whom are pursuing the *grade course of instruction*, and who have already attested its value, by proficiency in the departments already passed; the standard of requirement in these departments being fixed at 90 per cent. in a written examination upon *topics*, which avoids both, "catch questions" and "trite answers." The success of the Pulte is already established beyond any peradventure, and its popularity increases as its advantages become known to the profession. Some physicians who knew nothing of its basis, regarded the organization of the College as an experiment, when in fact its permanency and success were guaranteed from the beginning, and such are learning their mistake, as students go forth from the College to speak in its praise. A more diligent corps of teachers never assembled to work for the advancement of medical science, and their labors are being rewarded by the increas-

ing prosperity of the school they represent, and by the advancement of Homœopathy in Cincinnati.

With the old school represented here by four colleges, the organization of a Homœopathic College, aside from all other considerations, had become a local necessity, and its influence is already manifest in calling to the city quite a number of well-known homœopaths from other sections. Among the latter is Dr. Chas. Cropper, whose position as Professor of Materia Medica in the Pulte College, necessitates his removal to the city. Prof. Pulte has so far recovered from his long and severe illness, as to be able to resume his lectures at the College, and he is listened to with delight by the class. Altogether, my dear Dr., I am happy to report both prosperity and progress, and to subscribe myself,

Fraternally yours, J. D. Buck.

CLEVELAND HOMŒOPATHIC COLLEGE.

We get the following particulars from C. H. Von Tagen, M. D., Dean, and publish them with pleasure.

We open out with nearly 60 students this year, and are more fairly at work. Our prospects are quite as good, if not a little better than in former years, at least thus far. What with our new College and Hospital buildings centrally located, and with increased facilities in both departments, we feel that the Homœopathic Hospital College of Cleveland is equalled by few, and surpassed by no medical institution in the country. We claim to be the veteran Homœopathic College of the world.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Prof. Franklin says: "Our class promises to be so large that we have been compelled to give up the old building and procure new quarters. We have secured the College building formerly occupied by the St. Louis College (allopathic), and more recently by the Ex. Hom. College of Medicine and Surgery, where we *expect to stay.*"

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The fourteenth year of this Institution began on the seventh of October, with prospect of a flourishing session. The fees are larger than at the other Colleges, but the clinical and other advantages far superior. A medical student cannot invest a hundred dollars to better advantage than in the purchase of a ticket for a full course of lectures at this College.

HAHNEMANN COLLEGE, CHICAGO.

With a corps of the ablest teachers, it progresses finely.

INDIANA INSTITUTE OF HOMŒOPATHY.

The semi-annual meeting of the Institute will be held at the Senate Chamber of the State House, at Indianapolis, on Wednesday and Thursday, the 12th and 13th of November, commencing Wednesday, at 2 P. M.

Reports will be presented by the several Bureaus appointed at the last annual meeting. Members of the profession in all parts of the State are earnestly and cordially invited to be present, and to aid in rendering the meeting interesting and instructive, by communicating reports of clinical cases, histories of epidemics, records of provings, and papers on any subject related to medical science.

Physicians and their ladies will be, during their stay in the city, the guests of the resident physicians and the friends of homœopathy in general; everything will be done in our power to render the meeting interesting as well as entertaining.

BUREAUS.

Clinical Medicine—Drs. C. T. Corliss, J. A. Compton, J. B. Hunt, F. L. Davis.

Materia Medica—Drs. W. Eggert, P. B. Hoyt.

Surgery—Drs. W. R. Elder, P. B. Hoyt, J. R. Haynes.

Obstetrics—Drs. O. P. Baer, C. T. Corliss, W. R. Elder, J. B. Hunt.

Potencies and Doses—Drs. Eggert, A. L. Fisher, D. Haggert.

Pathology—Drs. J. C. Salzman, W. Eggert, D. Haggert.

Anatomy and Physiology—Drs. J. R. Haynes, P. B. Hoyt.

Microscopi—Drs. O. P. Baer, J. R. Haynes.

Provings—Drs. G. B. Sarchet, M. H. Waters.

Contagious Diseases—Drs. J. B. Hunt, S. A. Robinson, W. E. Carnahan.

W. EGGERT, M. D., *Rec. and Cor. Secretary.*

INDIANAPOLIS, *10th October, 1873.*

LINDSAY.—The "*Canada Lancet*" says: "Wm. B. Lindsay, Esq., M. D., graduate of Victoria College, Cobourg, has just returned from London, Eng., where he has been prosecuting his studies for the past year. He lately passed a most successful examination before the Royal College of Physicians, London, and obtained the license from that body."

We also read the following notice:

"At the residence of the bride's father, September 23d, 1873, by the Rev. R. Scobie, of Strathroy, Ontario, Wm. B. Lindsay, Esq., M. D., F. O. S. Lond., S. R. C. P., Eng., also of Strathroy, to Mary Jane, only daughter of James Cameron, Esq., J. P., of Napier."

We heartily congratulate our nephew upon securing so many honors, and hope he will be truly happy in his marriage. When he reaches a step still further in advance, and becomes fully acquainted with *Homœopathy*, he will be in a position to render benefits to the world that allopathy can never qualify him for.

Practice of Medicine.

APHONIA AND ASTHMA.

BY R. TUTHILL MASSY, M.D.*

Mr. S., æt. 31, of full habit, has lost his voice for the last thirteen weeks, during which time he has been daily attended by the family doctor, aided by an occasional consultation with a physician who has made the treatment of throat disease a speciality, who pronounced the case to be one of "paralysis of the vocal cords." His prescriptions were—

On the 10th Nov., 1872. *Valer. ol.* ℥ viij. Throat hospital form. A teaspoonful to a pint of water at 140°, to be inhaled thrice daily for six minutes, out of the eclectic inhaler.

Dec. 4. *Ol. Limonis* ℥ i. *Ol. Junip.* m. x. *Mag. carb. lev.* ℥ss. Aquæ ad ℥ viij. One teaspoonful in a pint of water at 130°, to be inhaled night and morning for six minutes.

On Jan. 10th, 1873, Mr. S. consulted me, and could only speak in a mere whisper. Ordered a Turkish bath, with the following prescription: *Causticum* 2x. ℥ i.; aquæ ℥ viij.; to be used, or rather inhaled with Dr. George Moore's spray-producer, four times a day. The laryngeal speculum only revealed to me a white patch on the left side of the entrance above the vocal cords, well marked during the act of vocalisation.

This patient had a great facility for allowing the observer to view down into the larynx. His voice was quite restored in two days, and on the morning of the third, between 12 and 1, while the weather was dry, bitterly cold and the clouds even dark and dreary, he came out and called me up to see a case of neuralgia at the boarding-house where he was residing, without any bad consequence, and contines well.

Since the above, I have treated a case of feebleness in the voice of a lady, "a powerful contralto," with *Causticum* 3. Her husband has sent the following report:—"Her throat is *much* improved; she sings with great ease to herself, but thinks a further use of the medicine with the spray-producer would be of service."

* *Monthly Homœopathic Review.*

In no disease is the necessity of carefully individualising cases for the purpose of relieving the suffering it endangers more marked than in asthma. Especially is this the case in employing climate as a remedy. A dry, clear air will in one case bring on an attack, while in another it is almost the only means of alleviation. The geological conformation of a district will often materially influence an attack of spasmodic asthma. Thus, in a case I saw at Shanklin in consultation with Dr. Lowder, relief was rapidly afforded by removing the patient from Shankin to Ryde. He was a young man 18 years of age, who when we saw him was sitting up in bed, supported by pillows, and watched by a very anxious and kind mother, who attended to all his cares. His features were anxious ; face flushed ; eyes prominent and bright ; lips purple : breathing hurried. Dr. Lowder had seen him daily for a fortnight, and although under his skilful treatment, no improvement followed in this mysterious malady. On the evening of my arrival we prescribed *Belladonna 3*, with some benefit.

Being much struck during my early morning walk, with the peculiar stuffy character of the air, Dr. Lowder and I discussed the propriety of removing our patient to Ryde, notwithstanding the apparent risk of a journey to a person in such a condition The removal was agreed upon, and, wrapped in blankets, our patient was driven to Ryde in the doctor's carriage. From the time he reached a different geological stratum, with its more bracing air, he began to improve, recovered from his attack, and returned home to London.

In some cases I have found rubbing the spine with the hand, or bathing the spine with hot water, assists in relieving the asthmatic spasm.

The mother of a large family had suffered from spasmodic asthma for some years. The paroxysm generally came on at 4 o'clock A.M. Hand frictions to the spine, and a dose or two of *Arsenicum 3*, in alternation with *Ipecacuanha 3*, gave relief within an hour. This lady had the peculiar asthmatic eyes—an expression given to the pupil by the muscular tension of the circular and transverse fibres of the iris.

Captain R., æt. 59, enjoyed excellent health up to his 56th year, when he was seized with bronchitis, and treated in a so-called orthodox manner. Asthma quickly followed. Two or three continental health resorts were tried without benefit ; Bournemouth also was visited. Stimulants were objectionable ; and his only night comfort lay in one of Joy's asthmatic cigars, followed by a cup of hot coffee, to hasten the adhesive

expectoration. Friction along the spine assisted in relieving the chest, also a hot linseed-meal poultice, folded in muslin or covered with silver paper (for cleanliness sake), and then placed between the shoulders under a flannel vest. When I visited the patient he had two severe attacks daily, one before breakfast, the other before dinner. His last London physician was of the reformed school, and consequently gave him more relief than all the allopaths who had previously prescribed for him. The medicines were *Ipecacuanha*, *Arsenicum*, *Phosphorus*, *Kali iod.*, and lastly *Strychnine* from time to time, as the case demanded. To meet the urgent symptoms, on my first call I gave *Gelseminum* 1x in warm water, through the spray-producer. Brisk frictions to the spine with a towel wrung out of equal parts of strong whisky and hot water. Directed to sip hot milk, and to smoke in the night *Datura tatula* instead of Joy's cigarettes, which afforded some relief. *Eucalyptus globulus* 1x was prescribed on the following day, to relieve the bronchial cough and expel the thick sputa. Distressing indigestion accompanied each paroxysm, which yielded finally to a careful dietary and *Podophyllum* 1x.

The weather during last November and December was usually rainy, dull and oppressive to asthmatic patients. However a few fine sunny days came out, our patient had his usual carriage drives, and finally returned to London very much improved, and has since written to say he believes that the quantity of milk which he drank at Brighton prevented him from wasting as much as usual during a prolonged attack. An occasional Turkish bath was followed by a better night.

The smoke of Manchester and severe weather of last November drove a young asthmatic widow from her home. On her way through London she stopped at a friend's house in Westbourne Grove, and had a very good night, perfectly free in breathing. Had no indication of the asthmatic chest or emphysematous lung. Brighton was not *bright* during her stay; constant rain, &c.

Gelseminum 1x and washing the spine with hot water gave considerable relief, until an attack so urgent set in, that I sent her to her friends in London immediately on its subsidence.

Another lady recently down here (June 26) had an attack of moist asthma, relieved by purulent expectoration. This patient has tested many climates and different parts of London without benefit, until she visited her sister, residing near Bloomsbury Square; here she has perfect rest, and can breathe peacefully.

Dr. Pridham, of Bideford, has published several successful cases of asthma, which were restored to health by diet, and what he called his sedative treatment. All fluids were interdicted during meals. The average diet ran thus:—At 7 o'clock A.M., a teacupful of Japan green tea, with a little raw cream. 8.30, 1 oz. of fresh cooked meat, without fat or skin; 2 oz. of stale bread or pulled bread. At 1.30, 2 oz. of cooked meat, underdone, 2 oz. of stale bread. 7 P.M., 2 oz. of pulled bread and a cup of Japan green tea. Toast-water or a cup of green tea, whenever the stomach was not digesting animal food, or an hour before it is taken into the stomach. The meat may be increased to 8 oz. Weak brandy or whisky and water was allowed to some instead of toast-water.* The sedative treatment was 2 grs. of ext. of *Conium* or *Hyoscyamus*, bis in die.

In the *Review* for last July, Dr. Burt speaks in high terms of *Veratrum viride* in asthma, when given in full doses.

Triosteum perfoliatum, tincture of the berry, 6 h. ter die, is a remedy of some note.

Kali hydriodicum is a most valuable medicine when the patient has a rheumatic tendency.

Cold spring water, when used as the only beverage at breadfast, dinner and supper, has proved curative in a gentleman who dreaded going to bed or lying down, owing to the severe paroxysms of spasmodic asthma.

STICTA PULMONARIA.

BY P. SCHEURER, M. D.

The Observer for 1864 contains an excellent account of *Sticta Pulmonaria*, which I much esteem, and which helped me through in a very serious case about a year ago. A lady about 30 years of age contracted a bad cold, got very sick, chest much affected, had a peculiar pulsation from the right side of the sternum down along the ribs to the abdomen. An allopathic physician,—her family doctor,—had the case in hand for some 2 or 3 weeks, but could do nothing with it, and though he dosed her with medicine outrageously according to allopathic style, she grew still worse. At last I was called in to take charge of the case. I did so. But my prescriptions

* Toast-water may be made by pouring or filtering a pint of cold water through a piece of well-browned toast. Oaten-meal tea is also a very soothing drink.

for the first few days did not produce much of a change for the better. The description I had read in the Observer about *Sticta Pulmonaria* struck me forcibly. I gave it to the lady in water, and behold! it worked like a magic. Almost immediately she commenced improving and on the second or third day she began to attend to her domestic affairs. I consider it a great remedy in all kinds of catarrhal affections.

Dear sir, I think we homœopaths ought strictly to adhere to what we profess to be, and there is always great danger in any system when we assume more of the scholastic than of the real practical character. I humbly presume, not to be the wisest, but perhaps the strictest homœopath of the present times,—I am a Hahnemannian—and I must confess I have met with great success during the long period of my practice, in all kind of diseases.* For many years I made use of the 30th attenuation, but now for a considerable time I have mostly used the 6th potency. I had fully as much, if not more success when I employed the 30th as I have now.

My universal rule is to give small doses, generally in globule form, not repeating the doses too frequently, unless in cases of urgent necessity. I know homœopathic physicians that give large doses of medicine with frequent repetitions, placing as many globules in one powder as I often use in the cure of an ordinary disease. Thus, even the homœopathic physician, will often throw barriers in his own way, by which he will either aggravate the case or make a protracted cure of it.

CLINICAL THERMOMETERS.—(*Monthly Homœopathic Review.*)—It has several times been my fortune to have a clinical thermometer spoiled when left with a patient, through the index being mistaken for an accidentally-separated portion of mercury, and consequently shaken into the bulb.

I have worked out a method of renewing the index which may or may not be that in use by the makers, but which answers very well.

On observing a clinical thermometer a small chamber will be seen at the upper end. A little air separates the index from the bulk of the mercury.

To form a new index proceed as follows :—

1. Dip the bulb into boiling water till the air chamber is nearly filled with mercury.

---

* The Doctor is 74 years of age and has practiced homœopathy for over a third of a century.

2. Remove the thermometer, and hold it, bulb upwards, in one hand, till a very small portion of mercury—sufficient only for the new index—is left in the air chamber.

3. Strike the edge of the hand holding the thermometer smartly down upon the edge of the other hand, so as to jerk a minute bubble of air through the mercury in the air chamber. This establishes a division between the new index which is left in the air chamber and the rest of the mercury, which continues to contract.

4. Force the mercury in the air chamber into the stem by heating that end of the instrument in a spirit lamp—a good deal of heat, perhaps 300° or 400°, is necessary.

If the index is the right size the operation is complete; if too large, shake the new index down into the bulb, and begin again. A little manipulative tact is required; but I found the third trial succeed.

Cardiff, 1873. WM. FREEMAN.

ECLECTIC CRITICISMS.

A BRIEF REVIEW.*

BY W. M. INGALLS, M.D., HAMILTON, OHIO.

In looking over the pages of the *Journal*, and scanning the reports of cases as reported by some of the writers who furnish material for the readers of the *Eclectic Medical Journal*, it is certainly amusing to see the different positions taken, and the material furnished as offsets against previous articles by other writers. In the first place, practitioners require practical medical and surgical matter. When a case is reported there should be something tangible, that would be of some information to the man who is engaged in daily practice. Matters of mere speculation are of no worth to the general practitioner. Occasionally you will read an article written for our *Journal* where the author informs his medical brethren that he has treated a large number of cases of some malignant disease, and has not lost a single case, or it may be there will be a report that this astute practitioner has treated hundreds of cases in a year without one solitary mortal bidding a long farewell to the scenes of the material, and entering on the duties of the spiritual. Young physicians are not alone in this peculiar professional flourish, but some old men who have grown gray in the profession, have a natural itching for writing, or as Prof. Howe would term it, *cacoethes scribendi*—

tell us wonderful stories concerning their success in the practice of medicine, making the modest practitioner feel that in the world of practical medicine his labor has been in vain.

Now what are the facts? Every medical man knows who has had any experience in the domain of practical medicine, that epidemics sweep away patient after patient; that many times what at first may seem a trifling attack of sickness proves fatal in a brief period of time; that errors in diagnosis and fatal results occur in every man's practice, and he who reports that his practice does not furnish material for the undertaker, has but a few patients in the year, or is fearfully playing upon the credulity of his brethren in the profession. What the readers of a medical periodical desire, are facts; not a flourish in making reports, desiring to mislead and mystify—failures as well as success—then we shall have confidence in the men, and in their reports of cases furnished for our medical journals.

In the May number of the *Journal*, Art. LIV., several cases of cerebro-spinal meningitis are reported with treatment; when the disease yielded gradually to "Tincture Hyoscyamus, gtts. v.; water ℥viij." with the addition of "Tinct. Veratrum, gtts. vj.; water ℥viij." We are informed the pulse fell from 150 strokes to 120 in three days, and this gradual reduction of the pulse is attributed to eleven drops of medicine and sixteen ounces of water. For the condition, "My back and legs are all smashed to pieces," ten drops of Tincture Eupatorium perfoliatum, in eight ounces of water, in connection with the medicated Veratrum water, "the pain in the back and limbs subsided in six hours." Now this is a wonderful cure, and I will venture the assertion, no mortal man ever cured a real case of *cerebro-spinal meningitis* before, with such infinitesimal doses, at least the disease in Southern Ohio does not yield so readily. Take this case as an illustration, and any sensible practitioner will at once come to the conclusion, that other means were used which are not mentioned in the report; and if other remedies were prescribed, or appliances brought into requisition, why keep them back? Prescriptions should be made in as simple a form as possible, but in appreciable doses, that we may know whether the medicine is bringing the functions of the system back to their normal condition, or whether the vital powers should have the credit of producing the change witnessed. Oftentimes we are ready to ascribe cures to remedies, leaving out of the matter in our conclusions, good nursing, nutritious diet, and many other seeming trivial agen-

cies, when if properly weighed, would lessen the confidence in the drugs prescribed.

We again find articles in the *Journal*, conscientiously written I presume, walking into Specific Medication, without the least idea of its real meaning, but as a general rule, many, if not all of them, belong or have belonged to the non-progressive branch of our profession; men who have a smattering knowledge of the Botanic and Thompsonian system as they existed in their grandeur and primitive beauty. These writers point back with pride to "old landmarks;" to the "pioneers," as they call them of sanative medication, when it required herb teas to satisfy the demands of the sick; when Lobelia emetics, and *Capsicum Annuum* enemas were in vogue; these were of the olden times, and should be handed down through the coming generations as precious memorials of a past generation. After a man arrives at a certain age he makes but few changes in his belief, whether in medicine or theology; he is inclined to read less of progressive works; he thinks less; he imagines he has reached the highest round in the ladder of life, and all invocations upon his belief are worthless.

This is a very bad condition of affairs. Our profession is progressive—the years as they come, are burdened with new ideas, developed by scientific facts, bring to light truths that have existed during the world's history, to make the toils of life easier, and prolong the lease of human existence. To be a safe and practical physician, requires thought; requires investigation, a getting out of the "ruts" of past errors, and a general desire to embrace truth, no matter from what source it may come, remembering we are only physicians, and our business is to relieve human suffering in all of its various forms.

THE ABOVE REVIEWER REVIEWED.

BY HENRY W. TAYLOR, M, D., CRAWFORDSVILLE, IND.

Dr. Ingalls, of Hamilton, Ohio, is evidently one of those happy individuals who imagine that when God Almighty manufactured brain for *them*, He exhausted all the raw material; leaving to the unfortunate remainder of humanity only a minus quantity. He also seems to think that only in Southern Ohio do doctors attain to that intellectual height necessary to enable them to differentiate between cerebro-spinal meningitis and belly-ache.

It would, perhaps, be uncharitable to arouse the doctor from his pleasant delusions. But there are a few points that I desire to call his attention to; if one so unfortunate as to

live without the hallowed bounds of Southern Ohio, may so far presume.

In the first place, despite the doctor's cry for "tangibility," "appreciable doses," etc., (I wonder that the doctor consents to breathe our ordinary atmosphere without having it "boiled down,") I affirm that a recovery is as good, under the one-twenty-fifth of a drop of Hyosciamus as under twenty grains of Quinine. And if my patients recover, perfectly, in a reasonable time, under "medicated Veratrum water," should I not be as well satisfied as if I had poured down their throats the "tangibilities" that ornament the pages of our journals, and populate the burying grounds in the vicinity of the various writers. Why not?

The doctor qualifies his statement about the pioneering nature of my success, by saying that "the disease does not yield so readily" in the hallowed ground. Have you *tried* these small doses given according to their specific indications? If you *haven't*, just "dry up" until you *shall have* tried them and failed. And let me warn you not to try them in this or any other way, until you have obtained a fair knowledge of their mode of action, This you may accomplish by getting a copy of "Hale's New Remedies," and studying it well.

As to another point. We have during two years suffered terribly with this epidemic. And even *now* not a week passes in which there is not a death reported within a radius of six miles, from a disease which physicians of all schools, in this part of the country, firmly believe to be cerebro-spinal meningitis, and which corresponds with the descriptions given of that disease, by authors and writers in other parts of the country; differing only in being much severer.

Under allopathic and "tangible" eclectic treatment with large doses of Quinine, Gelseminum, Bromide Potassium, etc., the deaths have amounted to seventy-five per cent. And as these patients die when severely let alone, my success can not be explained away on the hackneyed hypothesis of "nursing," "nutritious diet," "efforts of nature," etc. And I assure the doctor that no other remedies were used.

For reports of cures with small doses I would refer him to Prof. B. W. James, of Pniladelphia, who treated one hundred and sixty-three cases with but ten deaths. Being a Professor in a first class medical college, *he*, certainly, knew what he was treating.

I would recommend the doctor to apply to himself the objurgation contained in the last clause of his "review." Burden yourself with a few new ideas ; and get out of the ruts as quickly as you may ; and embrace the *truth*, no matter from what source it comes, etc., etc.

Evidently this querimonious doctor is of that party which, according to Dr. Howe, believe that drugs "go for" disease like a dog into a woodchuck's den. The stronger the dog the quicker he brings out the woodchuck. Inferentially, the more "appreciable" the dose the more certainly we may know that the medicine is "bringing the functions back" *nolens volens !*

Dr. Ingalls has placed himself in the equivocal position of critic to a successful performance. If he has not a "better way" with better results, to show, he would better stay his pen. After awhile I shall have a failure to report. Let him grind his tomahawk, whet up his scalping knife, and smear on his war-paint. I shall be at his mercy ; and I doubt not he will be merciless.

BUNIONS.—(*Boston Medical and Surgical Journal,*) D. Charles H. Lothrop writes as follows : In the explanation of my mode of treatment, and the apparatus used, it is not necessary to speak of the various pathological changes which have taken place before the bunion has come under the observation of the surgeon. It is sufficient to say that in the natural formation, the inner line of the foot and great toe is nearly straight, while there is an interval of more or less extent between each of the toes. Now, in this affection, the toe has left the place of its nativity, and is found sojourning in a foreign locality. The internal lateral ligament and abductor pollicis pedis muscle have become lengthened, while the external lateral ligament and abductor pollicis pedis muscle have become shortened. The flexors and extensors of the toe have also, to a great extent, become abductors, and the result of this abnormal condition is that, in either flexion or extension, there is an effort to a greater displacement and consequently to a greater distortion. Sometimes this takes place to such an extent that the toe may be seen completely overriding its fellow. At such times there is a very conspicuous displacement of the metatarsal bone inwards, while the proximal phalanx is pressed outward, producing an angle at the metatarso-phalangeal articulation, which separates to some extent the internal margin of the articular surface.

A wide boot or shoe in the treatment of bunion is unquestionably necessary, but that alone will not elongate that already shortened condition of ligament and muscle; something more is requisite.

"The recommendation of Mr. Erichsen, the division of the tendon and the application of an under splint, is not practicable; besides, there is danger of inflammation, and, finally, of stiffening of the joint. The compulsory apparatus of Mr. Key, by means of a partition in the stocking, like the finger of a glove, and a partition fixed in the sole of the shoe, could not be worn for any length of time without producing pain, inflammation, excoriation, etc. The apparatus of Mr. Bigg has, as I have been informed by a manufacturer of surgical instruments in Philadelphia, proved a failure, and the manufacture of it has been stopped. This can not be done by violence without great suffering and distress to the patient, but can be surely and safely accomplished by gentle means. It is necessary that a large boot, shoe, or slipper made of cloth or other light material, be worn during treatment. A cot, made of muslin, or some soft, firm fabric, is placed upon the great toe; one or more strips of adhesive plaster are placed upon or around the heel, the free extremities of which extend towards the free end of the cot upon the toe. The ends of the plaster and cot are then connected by means of a strong rubber ribbon, and the *persuasion* of the toe to return to its natural position commences.

"It is sometimes necessary to use other strips of plaster to retain the apparatus in position—one about the instep, and one about the ball of the foot; while another is sometimes bound about the great toe and attached to the second, in order to keep each in proper position.

The contractile power of the external ligament and abductor pollicis pedis muscle is overcome without injury. If they do not readily yield, then they may be partially divided by the operation of tenotomy without any dangerous consequences. The danger of inflammation of the joint resulting from the violent replacing of the toe, is avoided. The antagonistic power of the internal lateral ligament and abductor pollicis pedis muscle is once more regained. The flexor and extensor muscles perform only their legitimate functions. The horrible distortion disappears, and your patient thanks you with a grateful consciousness that you are, like Luke of old, 'the beloved physician.'"

VIENNA PROFESSORS.—The Vienna correspondent of the Boston *Globe* writes thus concerning some of the medical men of that city: What we regard as professional courtesy seems to be entirely unknown to them, and their code of ethics is very different from ours. The most distinguished, among them advertise liberally on their prescription blanks, giving their addresses, office hours, hours for treating the poor, etc. The Vienna doctors are most thoroughly wrapped up in their own ideas, and will not believe that any good thing can come out of—anywhere but Vienna.—*Prof. Hyrtl* lecturer on anatomy, he thinks is the best lecturer by far of all the professors there.' Next must be reckoned the famous dermatologist, *Hebra.* He is fat, jolly, shrewd, enthusiastic, always courteous (when he has his own way,) speaking five or six languages—and is very popular with the students. *Prof. Sigmund* is long and slim and sombre, and is quite an uninteresting lecturer, and the American students much prefer his talented and witty assistant, *Dr. Grunfeldt. Prof. Braun* is very large, with an immense abdomen, sandy whiskers, a merry twinkle in his eye, and a deep mellow voice; the thorough picture of easy good-nature. Prof. *Billroth* is a large, fine-looking man, with sandy, full whiskers, and a keen blue eye. His researches have made him famous, but few American students attend his kliniks, as surgery is better done in America by far than in Vienna. The most noticeable thing is the amount of surgery that is done without anæsthetics.

POISONOUS POWER OF METALS.—(*Scribner's*). In 1867 M. Rabuteau announced that the poisonous power of the metals was greater as their atomic weights were higher and their specific heats lower. He now shows that the atomic weights of calcium and potassium being nearly the same, the toxic effects produced by injecting similar solutions of their salts into the blood are also the same, both acting as poisons to the muscles and causing death by arrest of the action of the heart when administered in sufficient dose.

OZONIZED WATER.—(*Journal Franklin Institute*). A firm is at present engaged in Berlin in manufacturing ozonized water for medicinal purposes. From the prevailing opinion, which is not altogether without scientific probability, that the sanitary effects of sea-air are to be ascribed to its relatively great proportion of ozone, the enterprise of the manufacturers will most likely be rewarded by a considerable demand for the substitute they offer.

THE LIVER:

HISTORICALLY ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.*

BY W. MORGAN, M.D., CANONBURY.†

INCREASED OR EXCESSIVE SECRETION OF BILE.

This is the very opposite of the foregoing morbid condition, and may be defined as copious fluid fæcal evacuations, highly charged with bile, which are sometimes green, at other times slate-colored, and often preceded by griping, tormina, nausea, and sometimes by vomiting, and an accelerated pulse.

An inordinate secretion of bile is more frequently inferred from circumstances than proved by unequivocal evidence. For accumulations of bile may form in the gall-bladder and hepatic ducts, and when suddenly discharged into the alimentary canal, give rise to the same group of symptoms which characterize an increased secretion, when in fact, only an increased flow of previously obstructed or accumulated bile has taken place. In this country, particularly during the summer and autumnal months, this form of biliary derangement is of frequent occurrence, known as bilious diarrhœa—bilious, or English cholera,—and merely form minor grades, as it were, of the same pathological conditions met with in warm and Eastern climates. The further symptomological phases of this form of biliary derangement is recognized by the evacuations being at first feculent, and commonly of a green or greenish yellow, or even a bright yellow color; they afterwards become more fluid and watery, vary in color, and mixed with thin feculent matter. If the diarrhœa continues, they frequently contain yellowish or greenish yellow mucus, either in large thick masses, or in thin, glairy, or gelatinous pieces, which fall to the bottom of the pan, and admit of being drawn into long filaments; or they consist chiefly of a serous fluid, colored by the bile, and presenting either a glairy mucus, or albuminous flocculi. This form of bilious diarrhœa may pass into an inflammatory condition of some part of the alimentary canal, or into dysentery.

TREATMENT.

Allopathically.—If congestion and fullness of the liver exist, this form of hepatic derangement is first treated by general

* Continued from page 519.

† "*Homœopathic World.*"

bleeding, cupping, or leeches applied to the region of that organ. Next to bleeding comes in rotation the administration of demulcents, lubricating infusions, or diluents, combined with nitre, sub-carbonate of soda, antimony, and camphor, followed by blue pill, grey powder, castor oil, and other purgatives; and if the diarrhœa bccomes obstinate, by opium and various astringents *(Copland)*.

Homœopathically.—Increased secretion of bile, with its attendant symptoms, is successfully treated by such well-proved remedies as *Aconite*, *Aloes*, *Arg. nitratis*, *Chelid. maj.*, *Cham.*, *Mer. Sol.*, *Ipec.*, *Nux Vom.*, and *Rheum.* In the selection of these drugs, due regard should be paid to their pathogeneses, and a correct estimate formed of their similitude to the group of symptoms presented to our view.

Aconite undoubtedly stands foremost as a curative agent in bilious diarrhœa, when connected with congestion of the liver, or engorgement of the portal capillaries in the bowels, resulting in the accumulation of bile as a foreign agent, which manifests an irritating influence upon the intestinal mucous membrane, followed by frequent and painful discharges of mucus and fæcal matter mixed with green bile.

Aloes is well indicated when the stools have a peculiar putrid smell, the whole body feeling hot during an evacuation, with a feeling of distress or uncomfortableness in the region of the liver.

Arg. Nit.—When there exists a sense of fulness and stitches in the liver, coupled with organic diseases of the organ. Green, bilious, mucus diarrhœa, preceded by violent colicky pains.

Chelidonium Majus.—The group of symptoms to which this remedy may be considered as homœopathic, "and which may be described as diarrhœa of a gastric bilious character," consists of pain with a feeling of fulness in the region of tbe liver, stomach, and spleen, with hardness and pain on pressure; the motions are slimy, greyish-yellow, papescent, or watery; the complexion sallow, tongue coated, and no appetite; the urine turbid and deep yellow, with general chilliness and lassitude.

Chamomilla.—In the bilious diarrhœa of children, when the discharges have a sour smell, are watery, slimy, green, or yellow, and preceded by pinching or cutting pains in the bowels, with subacute congestion of the liver, indicated by pain on pressure, with a fretful, peevish, and feverish condition of the little patient, *Chamomilla* will sometimes act as a curative agent in the second and third dilution. Although *Chamomilla* is very commonly administered for this affection, and forms

the leading remedy in most domestic treatises, yet I infinitely prefer, and derive more satisfactory results from *Aconite* in the second or third dilution.

Merc. Sol. Hah.—In bilious diarrhœa, attended by bilious colic and flatulent colic, *Mercury* will be found one of our leading and most useful remedies. The pathogenetic effects of *Mercury* on the body in health are remarkably striking, and produce as correct a picture of the disease under consideration as one can well imagine. This metallic compound not only increases the frequency of the alvine discharges, but it alters their color and smell as well: thus we have as symptoms,—bloody mucus discharges, green excoriating discharges, bright yellow, reddish or dark-brown discharges, which may be watery or papescent, with slight or very offensive smell: in addition, we meet with distension and hardness of the abdomen; dull aching pains in the liver; cutting pinching pains in the bowels; the hands become cold, the pulse feeble and accelerated; with tenesmus and a frequent desire to go to stool.

Ipecacuanha is a very useful remedy in certain forms of bilious diarrhœa, and may be given alone or in alternation with the foregoing medicines, particularly when the following symptoms are present, which indicate in a marked degree the selection of this drug:—nausea, qualmishness in the stomach and bowels; a flow of water from the mouth, loss of appetite, a white-coated tongue; bloody, liquid, green, foul-smelling and fermented evacuations, with pinching, cutting, neuralgic pains in the abdomen. I generally vary the potency from the third to the sixth.

Nux Vomica is another auxiliary remedy of great value, and well indicated when there exists, in addition to a bilious diarrhœa, considerable gastric derangement, such as pain, tension, crampy pains, frequent eructation and flatulence. The most useful form I have found to be in the first and second decimal dilution, one or two drops in a tablespoonful of water, and repeated at short intervals till relieved.

Rheum, in the third dilution, has done good service in a few cases of bilious diarrhœa of children, when the stools were papescent, with tenesmus, prostration, distension of the bowels, a scanty, smarting urine.

SECRETION OF MORBID OR ALTERED BILE.

There is every reason to suppose that the bile, when first secreted, is not as a rule, possessed of any vitiated properties,

but that it acquires such properties after having passed into the *bile ducts* and *gall bladder*, and that during its accumulation and retardation in those cavities, such properties are created, either by the reaction of its different elements on each other, or by the removal by absorption of its most watery constituents. That however, the bilious secretion is at other times wonderfully altered in character and appearance, is fully borne out by post-mortem appearances, and its close connection with structural lesions of the liver, and malignant or pestilential maladies. In the former the bile is found to be pale, watery, and albuminous; in the latter, dark green, greenish brown, or tar-like in consistency and color, with far more acridity than is ever found in its normal condition; so much so, as to produce marked irritation of the various tissues it comes in contact with.

It is however, most probable, (at all events in the majority of cases,) that the biliary secretions become vitiated either in the *hepatic ducts* or *gall bladder*, and that the acrid properties it there acquires acts as an irritant, and promotes its own discharge into the duodenum, and from thence along the whole course of the alimentary canal, setting up at times an obstinate and aggravated form of bilious or choleraic diarrhœa.

In the treatment of "vitiated secretion of bile," much will depend upon the various phenomena attending it.

Allopathically.—It is treated by diluents, demulcents, warm baths, Ipecacuanha, alkalies, anodynes, and aperients.

Homœopathically.—Looking as I do upon the vitiated bile thrown out of the gall bladder into the alimentary canal as a poison, or foreign body, and which cannot be antidoted by any homœopathically-selected drug, I treat this vicarious secretion as a poison, and so commence my treatment by ejecting the offending matter from the alimentary canal, by the administration of a mild oleaginous laxative, such as castor oil; this I follow up by demulcent beverages, such as barley water, gum water, or linseed tea; and the administration of *Merc. Sol.*, *Ipecac.*, *or Ars.*, if considerable prostration and gastric derangement exist. The majority of such cases which have come under my notice, have yielded kindly enough to this mode of treatment, care being taken that the diet should for the first few days be bland, easy of digestion, and nourishing in its properties.

NEURALGIA OR "TIC DOULOUREUX" OF THE LIVER.

Hyperæsthesia, or exalted sensibility and irritability of nerve fibre, is met with in every section and organ of the body.

The chief forms of "visceral neuralgia" which present themselves to our notice in practice are—Gastrodynia, or Gastralgia, and its various complications: Colic and ilius, more especially lead colic; Splenalgia, or neuralgia of the spleen; Nephralgia of the kidneys; Hysteralgia of the womb; Mastodynia of the breast; and the one we are now more particularly interested in, viz., Hepatalgia—liver pains, or neuralgia; in fact, a form of "tic douloureux;" for I can see no just reason—"taking the history and pathology of the disorder into consideration"—why such an expression should not be applied to neuralgic affections invading other parts of the body, in addition to the face, provided of course, the form of neuralgia be of that particular type which is characteristic of true "tic douloureux."

Historically.—Severe pains of the liver were first noticed by Avicenna of Bockhara, A.D. 980; afterwards by Rolfink and Bartholin; and more recently by Grossman, Andral, and Stokes of Dublin.

Anatomically.—It has already been observed that the nerves, which convey *normal* and *abnormal* sensations to the liver, are derived from the systems, both of animal and of organic life; one from the brain, the other from the spinal cord, or ganglionic system.

Physiologically speaking, the activity of the centripetal nerve is manifested by the aid of the sensorium, as a conscious sensation; and by the intervention of the spinal cord, or ganglionic system, as reflex action; this, when excessive, is called "hyperæsthesia;" and when below the average, "anæsthesia."

The character which these neuralgic affections have in common is exalted irritability and increased irritation of the sensitive or centripetal nerves. The expression of such irritation is either mental, one of consciousness, a sensation,—or motor; a reflex movement—or both at the same time.

The sensation differs according to the peculiar activity of the nerve of sensation; the same difference presents itself in the neuroses of sensibility. Whether a cutaneous nerve, or a nerve of sensation supplying a muscle or an organ of sense, be affected, each retains the peculiar sphere of sensibility in disease with which it is endowed in health.

Clinically, it is of the first importance to be able to diagnose as to whether the seat of disease be *central* or *peripheral;* and in making such distinctions it is further necessary that the term peripheral be correctly interpeted, and not, as is too often

the case, confined to the ultimate ramifications of the nerves. A nerve can only be considered as *central* when it is imbedded within the substance of the brain, the spinal cord, or the ganglia, where its fibres are surrounded by ganglionic corpuscles, and submerged in them ; the term *peripheral* should only be applied to a nerve from the point where it quits, "as it were," the central organ to its extreme distribution ; and what is usually called the root of the nerve, or, more correctly, its point of insertion, is but a portion of the peripheral distribution. But taking this view of the subject, the doctrine of *hyperæsthesia* and *anæsthesia* obtains a more extensive signification ; as the mere casual and superficial examination of the cutaneous nerves cannot, as it has hitherto done, suffice to a correct diagnosis and succesful treatment of the many obscure forms of neuralgic diseases ; it therefore becomes the more imperative to examine carefully the various fibres traversing the osseous canals, or passing over the brain and spinal cord, as distinct characters indicate, to the close observer, the seat of disease in different divisions of the peripheral tract. It it likewise necessary to base the doctrine of the neuroses of sensibility upon the physiological laws governing the nerves of sensation. These are :—

First—*The law of isolated conduction.* That nerve-fibre only presents exalted or diminished action, which is affected by the irritating or depressing cause ; and the adjoining fibre, though ever so closely approximated, is not implicated.

Secondly—*The law of sympathy, or irradiation of sensations.* Here the irritation is propagated from the fibre originally excited to other centripetal nerves.

Thirdly—*The law of eccentric phenomena.* Every sensation, as it becomes perceptible to consciousness, is referred to the periphery of the sensitive fibre, the entire tract of which, from its commencement to its terminal point, is susceptible of the impression. Sensation varies according to the peculiar sphere of the affected nerve. Hyperæsthesia of the cutaneous nerves, for instance, is manifested by pain in its various modifications ; that of the nerves of special sense by phantasms. The sphere taken by the brain, as the grand centre of the nervous system, in sensations, is not only *receptive,* has *reactive* as well. For if the imagination dwells upon the sensation, the latter becomes more intense, and more defined ; and the influence or power of imagination may create varied sensations, as often proved by the feeling of *nausea, prurigo,* and that morbid condition termed "*hypochondriasis.*" Another manifestation of

exalted irritability of the centripetal nerve takes place by reflex action upon the motor apparatus, in which sensation may be absent, or it may continue. In the former case, the absence of accompanying sensation increases the difficulty of forming a correct judgment; but we may satisfy ourselves of the real character of the affection by observing that the gentlest irritation of centripetal nerves, which in ordinary conditions would produce no effect, at once rouses reaction amounting to violent spasmodic action; this is well illustrated in cases of poisoning by Strychnine, in tetanus, and in hydrophobia. The combination of sensation and reflex action is often exhibited in neuralgia of the cerebro-spinal nerves, and more particularly in the sympathetic. In ciliary neuralgia, for instance, or photophobia, the eyelids are closed by reflex action, communicated by the sensitive fibres of the trigeminus to the motor fibres of the facial nerve. In prosopalgia, with neuralgia of the tongue, reflex action is communicated to the hypoglossus, and in consequence of this, the tongue becomes tremulous, painful, and thrown out.

That reflex action is a frequent source of some of the most aggravated forms of neuralgia there can not be a doubt; one of the most obstinate and terrible forms of "tic douloureux" of the facial nerves which has ever come under my notice, and which was sent me some ten years ago by Dr. Shaw, of Battersea, was clearly traced to organic disease of the kidneys and bladder in a male of 60 years old. Other cases of a similar kind have come under my notice, arising from diseases of the uterus, rectum, and spleen.

Passing frem the physiological to the nosological features of hyperæsthesia, we find the following rules applicable to the whole class.

1. Periodicity—the alternation of paroxysms and intermissions.

2. Uniformity and perristence of the symptoms, however long the duration of the disease.

3. Absence of danger to life.

4. Freedom of early life from the disease, except in rare cases.

Age—As regards age, the middle period of life presents the greatest predisposition to neuralgia, old age very little, and childhood still less.

Sex—As regards sex, each has a separate proclivity to certain forms of hyperæsthesia; in the male it assumes the form of hypochondriasis; in the female, hemicrania, splenalgia,

intercostal neuralgia, hysteralgia, mastodynia, neuralgia, and hepatalgia.

Symptomologically.—Neuralgia, or tic douloureux of the liver, presents itself in the form of acute pain in the region of that organ, more or less constant, but subject to occasional and violent exacerbations, which at times assume an intermittent form. These exacerbations, or returns of the pains are frequently traced to inordinate mental emotions, derangement of the stomach or bowels, fatigue, irregularity of the catamenia, painful or otherwise. The character of these pains, their severity, the suddenness of their succession and rapidity of their disappearance, their intermissions, and the general good state of health during the intervals of such attacks, all lead to the belief that they are the result of some morbid sensibility, manifested in the nervous filaments or plexuses of the liver, supplied by the great sympathetic, or the pneumogastric nerve.

Diagnostically, it is of the first importance that we should be able clearly to define the symptoms of neuralgia, in contradistinction to those of inflammation of the liver, an error however, which many a physician of experience has committed, as recorded in the literature of the subject. Dr. W. Stokes, of Dublin, in his treatise, mentions the case of a lady, of luxurious habits and nervous temperament, who was attacked while in India, with pain in the region of the liver, which was attributed to inflammation ; for which she was largely bled and mercurialized, with no relief from the pain. On her passage to England she was again bled several times, and twice mercurialized. After her arrival she was again bled, leeched, blistered, and mercurialized. These blood-thirsty means afforded temporary relief ; but the complaint very shortly afterwards returned with increased severity ; her constitution now became shattered ; hysterical paroxysms were frequent and violent, and the stomach irritable. Finding there was no fever, the right hypochondrium supple, the lower part of the chest sounding clear, the tongue clean, and the complexion clear ; a repetition of the same reckless treatment was omitted ; and a generous diet, change of air, and full doses of *Iron* were prescribed, which in a few weeks perfectly restored her to health. Another lady was treated for inflammation. A physician was consulted who could detect no evidence of structural disease beyond the pain ; she also was now treated by the carbonate of iron with complete success. Copland records an interesting case of a similar kind, which occurred in his own practice.

It was that of a lady who had resided in India and experienced hepatic disease, for which she also had been bled, leeched, blistered, and mercurialized. On her return to this country she consulted an eminent accoucheur, on account of leucorrhœa and uterine disorder. She was hysterical and much weakened ; and in this condition suffered from a severe attack of pain in the liver, which was mistaken for inflammation, and treated *secundem artem*—with marked aggravation of the pain. Copland was now consulted, who viewed the case as purely neuralgic, and a treatment in accordance with such a view soon restored her to health.

Five cases of "tic douloureux" of the liver have come under my notice since 1857 ; four were females, and one a male ; all had resided in India for many years ; all were supposed to have suffered from inflammation of the liver, for which three were bled, blistered, and mercurialized, and sent home to England as shattered wrecks ; the remaining two were treated by mild mercurials. Now, whether all these did really suffer from *hepatitis*, I am not prepared to say ; but they all showed unmistakable symptoms of *hepatalgia*, when they consulted me ; three were radically cured, and two wonderfully relieved. In the treatment of hepatalgia we must be guided in the selection of our remedies by the whole circumstances of the case, and search to its very foundations its exact cause ; without which a random shot will avail but little. The cause of hyperæsthesia are numerous ; some are prominent, others very obscure. We have, however, been able to trace it to atmospheric changes, and to soil. It is nurtured and carried on the wings of the wind, it nestles in the storm, plays with the thunder and lightning, continued heat, or continued cold ; all these are known to be its exciting causes. Acute forms of neuralgia, with a clear and definite type, have been repeatedly observed to asume an epidemic form. If we turn to the vegetable and mineral kingdom, we find that certain substances have a specific effect in producing exalted sensibility of nerve fibre ; thus lead causes neuralgia ; spurred rye and veratrine, formication ; morphia, pruritus ; and the inhalation of protoxide of nitrogen, optical hyperæsthesia. An abnormal condition of the blood also plays an important part in the causation field of neuralgia ; for we find that plethora as well as anæmia are followed by vertigo, optical and acoustic hyperæsthesia ; and it seems here as if pain were the prayer of the nerve for healthy blood—the plaintive voice of nature appealing in suplicating tones to the physician for help. If we penetrate into the domain of pathology, there also do we find

divers causes of neuralgic affections; such as—obstruction or cessation of habitual discharges, especially of hæmorrhoids and the catamenia; the suppression of herpes, and impetiginous affections; scrofula; the secondary and tertiary forms of syphilis; swelling of osseous and cartilaginous tissues, through which nerves of sensation take their course. And what are those stabbing, darting, piercing pains which attend schirrus of the breast, and which form so prominent a symptom of that fell disease, but an exalted sensibility of nerve fibre.

In the treatment of neuralgia of the liver, *Aconite, Belladona, Bryonia*, and *Nux vomica* have proved in many cases eminently successful, with a careful and well-regulated diet, change of air, and a resort to some of the thermal springs, as Bath or Buxton.

(To be Continued.)

A CURIOUS CLIMATE.—The climate of Peru is set forth by a correspondent as exceedingly peculiar and strange. It never rains there, we are told, but during certain seasons, and when the atmosphere is filled with clouds a "dew falls so thick, heavy, and continuous that it will saturate the heaviest clothing in less than half an hour." The coming and the going of the clouds that distil this dew is another strange thing connected with Peru. The changes are reported so rapid and violent as to startle the stranger. One may be walking along the street, glorying in the rich warmth of the sunshine, and admiring the deep, clear blue sky, when suddenly, and almost imperceptibly, a change takes place, "and from the southward a mass of dark clouds come rolling swiftly across the firmament, and soon the blue sky is replaced by a somber pall, and to the glorious sunshine succeeds a drizzling, penetrating mist." and this is suddenly changed again, even while one is preparing to guard against the mist, the sunlight and sky reappearing in all their brightness and beauty.

INHALATION OF LIME IN CROUP.

Dr. W. W. Parker, of Richmond, Va., (*Virginia Clinical Record*) relates a case of croup in which inhalation of lime proved efficacious. The most dense vapor is not at all unpleasant, and can be borne as well as the ordinary atmosphere of a heated room.

Climatology.

CLIMATE.—ITS INFLUENCE UPON LIFE.—An interesting article appears in the *Gazette Medical de L'Algerie* on the influence exerted by climates in regard to health and life of foreigners. In that article we are reminded that the negroes of Senaar recruited by Mehemet Ali for his army, speedily succumbed after arriving in Egypt; that negroes of Central Africa rapidly die if transported to Arabia, and that if sent to Europe they perish by phthisis. Of 1,800 negroes sent to garrison Gibraltar in 1817, nearly all are said to have been destroyed by pulmonary consumption in fifteen months, and of the negro convicts sent from the French colonies to the hulks at Brest, one-fifth die each year. In Mexico, the Egyptian contingent suffered by disease and death in larger proportion than did the regular troops from France; whereas Algerians and Arabs in France enjoy relatively better health than in their native countries. During the Russian War, the Zouaves and Turcos resisted the climate of the Crimea better than the men of the French heavy cavalry, and it is said that on the same occasion, the Algerian horses withstood the severe winter even better than those of the English cavalry. With regard to the power of resistance of Arabs, as illustrated in the war of 1870-71, it is observed that if in battle they become excited to paroxysms of fury, once wounded, or taken prisoners, they find in their complete belief in fatalism a source of moral calm and resignation. The Arab, moreover, is less sensitive to pain than the European; hence, in a great measure, the principal cause of the facility with which wounds received by the former heal.

Is the question asked then; Is man cosmopolitan? Certainly not! Man does not perpetuate his species in all climates. He may live, if transported after having attained adult age, but he often becomes sterile, or if he has children they do not attain manhood. Michael Levy rightly observed that "To change the climate is to be born to a new life."—*The Doctor.*

A SANITARIUM FOR THE WORLD.—(*San Diego Correspondence of Philadelphia Press.*)—The Climate of Southern California is without doubt the most equable and salubrious known. Observations taken during a series of many years demonstrate this fact beyond question. There are probably many places along the coast of Lower California (Mexican territory) which would prove equal in this respect, but we have had no authentic and carefully compiled reports on the subject. From San Diego to Point Conception, which latter shelters the southern coast from the cold northwest winds, a distance of 250 miles, the temperature is at all points on the coast nearly the same, being generally in the middle of the day 51 degrees Fahrenheit, in January, 72 degrees in July, and averaging 62 degrees for the year. The highest conditions approximating absolute perfection are attained at San Diego and Santa Barbara, with considerable advantage in favor of the former. The peculiar characteristics of this equable climate are: First, absence of excessive moisture in the atmosphere; second, the steadiness and regularity of the winds, which, at San Diego, more than three-fourths of the year blow from the northwest with an average velocity in the middle of the day of about 14 miles per hour. During the winter months occasional storms of wind, preceding rain, come from the southeast, south and southwest. A few easterly winds blow during the summer, and very rarely a northerly. In consequence of this fact the ocean is seldom boisterous, and at all times a little skiff can ride in safety in the Bay of San Diego, which is scarcely ever ruffled by the breezes that pass over it.

Southern California is therefore the much-desired haven of rest for shattered and debilitated constitutions. Those afflicted with the incipient stages of pulmonary diseases rarely ever fail to find here a radical and easy cure, and many others, who cannot hope for permanent cures, obtain new leases of life, by which they prolong existence. As a sanitarium for the world, this southern coast is rapidly becoming known and appreciated. Every week brings large numbers of invalids from the northern portion of the State, and from all parts of the East, from Texas to Maine.

Book Notices, etc.

The Pocket Record and Visiting List, for any Year, by B. F. Dake, M. D. Lodge's Pharmacy, Detroit, Michigan.

This contains an ordinary calendar, an obstetric calendar; tables of poisons and their antidotes; eruption of the teeth; pulse; temperature; ready method in asphyxia; blank list for nurses, addresses, memoranda, vaccination record, deaths, obstetric engagements, tables of signs, etc. Size 7x3½, only half an inch in thickness, yet the arrangement provides for two pages for each day's practice. This is accomplished by a set of twelve blank books, one for each month, to be slipped in the morocco cover by an elastic band. These blank books are only an eighth of an inch in thickness, neatly ruled for name and residence of patients, person, age, remedies, symptoms, disease, visit, prescription, charge, etc.

During the last twenty-five years we have tried nearly all the various forms of physician's dairies and visiting lists that have been introduced. Since last winter we have adopted this arrangement of Dr. Dake's, and it has given us more satisfaction than any other. The set of twelve blank books, ruled and printed, and the morocco cover costs $4, and is in our estimation well worth the price.

A Tabular Compend of Practical Analytical Chemistry, for the use of Students and Amateurs, by Everett W. Fish, M. D., Professor of Chemistry in the Pulte Medical College, Cincinnati, Ohio. Published by the author, southwest corner of Seventh and Mound streets, Cincinnati, Ohio.

A royal octavo volume of 48 pages, bound in cloth, with several tables and illustrations, and a number of blank and partially printed sheets for students' memoranda. This work will be very acceptable to the student, and valued in its present form. For future editions, we would suggest to friend Fish that he print his book on one side of the paper only, say the right hand pages, which will make it very convenient for interleaving of additional pages, or for students' notes.

Dr. Fish considers his book necessary in view of the radical change in the method of teaching chemistry during the past few years. It introduces the student first into the constitution and physical relations of matter; secondly, a limited knowledge of nomenclature; third, operations and explanations of analysis; lastly, tables for analysis. The table of the solubilities of 400 chemicals and the valuable chapter on solubilities are good features. It is a plain, practical introduction to higher chemistry. Its spectroscopic, arsenical, dialytic and organic chapters are plain and practical.

Repertory to the Homœopathic Materia Medica. Second Edition. Revised, rearranged, and very much enlarged. Diseases of the Eyes. By E. W. Berridge, M. D. London England, Alfred Heath.

A large 12 mo. volume of 321 pages, cloth binding, giving all the Eye symptoms; first those of a functional character, then those according to the anatomical regions. Prof. Constantine Hering says of this work, "*It is the only complete one we have;* it is the clearest and best arranged, and it will enable us to do twice as much as formerly in diseases of the eye."

Many will be surprised at the list of remedies (1171)—*eleven hundred and seventy-one.* Who will properly appreciate the labor involved in the collection and classification of the symptoms of the eye of nearly twelve hundred medicines?

Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers, translated, with addition of New Remedies, by A. Korndœrfer, M. D. Bœricke & Tafel, Philadelphia, New York, Etc. Price, $2.25.

Octavo, 243 pages, covering symptoms of 160 remedies. The translator remarks: "In placing a work of this character before the profession, but little need be said by way of introduction; the intrinsic merit of the original speaks for itself. The arrangement adopted by the author has been followed in the present edition as closely as possible. But few alterations have been made in the original text, and these only where the author has given in an obscure phraseology some well known symptom; in such cases, which were but few, the translator has preferred the more lucid expression, as found in the original of Hahnemann's Chronic Diseases, or in the Materia Medica Pura."

Characteristic Materia Medica, by W. H. Burt, M. D. Multum in Parvo. Bœricke & Tafel.

We welcome the second edition of this work, and are glad that it has been extended to 541 pages. A large portion of the book consists of collations from our medical authorities, evincing much laborious painstaking, yet there is in addition much that is new and original.

Our author says: "For the kind reception which the Characteristic Materia Medica met with from the homœopathic profession the author is truly grateful. While the rapid sale of the work has at the same time opened the way and encouraged him to prepare a new and, as he hopes, greatly improved edition, numerous letters from physicians in various parts of the country have also stimulated him to spare no pains to render this second edition more acceptable than the first.

A most important improvement, to which the particular attention of the profession is invited, is to be found in the *classification of the remedies*. This classification is based upon a new discovery which to the author appears of great practical value, since by its application the varied and ponderous Materia Medica is simplified and rendered less difficult.

This new discovery consists in the fact that all medicines have for their starting point or center of action one or the other of two nervous centers, either the animal or the organic; those that have their center of action in the *animal* (cerebro-spinal) *nervous system* being the true remedies for *acute* and sub-acute *diseases*, while those that have their center in the *organic* (ganglionic) *nervous system* are the true remedies for sub-acute and *chronic diseases*. This distinction greatly simplifies the Materia Medica, and I believe it to be a *corollary* to the immortal Hahnemann's great law *similia similibus curantur*."

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases Peculiar to Women and Young Children. By Henry N. Guernsey, M. D., formerly Professor of Obstetrics, etc., with numerous illustrations. New York and Philadelphia, Bœricke & Tafel.

The second edition, "revised, enlarged and greatly improved," comes to us in a royal octavo volume of nearly a thousand pages, printed upon tinted paper and bound in half morocco, cloth sides. It contains ten lithographs and a number of wood engravings. As soon as we can examine it fully we will give it a more extended notice.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

AGASSIZ ON DARWINISM (*Boston Journal of Chem.*)—Professor Agassiz, in the last lecture of his recent course at the Museum of Comparative Zoology, in Cambridge, gave his views on the Darwinian theory with more plainness than ever before. He contended that the fact of a resemblance, in certain stages of growth, between different species, is no proof that one has been developed out of another. On this point he speaks as follows:

"We see that fishes are lowest, that reptiles are higher, that birds have a superior organization to both, and that mammals, with man at their head, are highest. The phases of development which a quadruped undergoes, in his embryonic growth, recall this gradation. He has a fish-like, a reptile-like stage before he shows unmistakable mammal-like features. We do not on this account supppose a quadruped grows out of a fish in our time, for this simple reason, that we live among quadrupeds and fishes, and we know that no such thing takes place. But resemblances of the same kind, separated by geological ages, allow play for the imagination, and for inference unchecked by observation."

Professor Agassiz maintains that there is no unvarying, inevitable evolution in the geological succession of organic life. "It has," he says, "just that freedom of manifestation, that independence which characterizes the work of mind as compared with the work of law." Instead of everything having gone forward mechanically, as the evolutionists claim, the animals that should be ancestors, if simplicity of structure is to characterize the first-born, are known to be of later origin; the more complicated forms have frequently appeared first, and the simpler ones later, and this in hundreds of instances. But here again we cannot do better than to allow the Professor to state his conclusion for himself:

"I believe that all these correspondences between the different aspects of animal life are the manifestations of mind acting consciously with intention toward one object from beginning to end. This view is in accordance with the working of our minds; it is an instinctive recognition of a mental power with which our own is akin, manifesting itself in nature. For this reason more than any other, perhaps, do I hold that this world of ours is not the result of the action of unconscious organic forces, but the work of an intelligent, conscious power."

This able and earnest protest against Darwinism, like the remark-

able article on the subject that has recently appeared in the *Quarterly Review*, will command the attention of the whole scientific world. It is hardly possible that these vigorous attacks will be endured in silence by Darwin and his followers. We anticipate some lively fighting between the opposing parties.

Oysters—Something New about Them (*E. H. Hoskins*, in the *American Artisan*).—Most people know that a dozen or two of raw oysters, more or less, very seldom will produce a feeling of satiety or oppression at the stomach. There is a special reason for this, not known commonly to the public, nor indeed to physicians.

It is that raw, almost alive oysters, contain their own gastric juice, ready, in fact, to digest themselves.

Recently I have been trying experiments on the artificial digestion of food, and, among other matters, my attention was directed to oysters. They were disposed of with singular rapidity, and carrying investigation still further, I have been able by actual experiment to demonstrate that oysters direct from the shell, when submitted to conditions analogous to that in which they would be placed in the human stomach, and without any addition, are positively able to digest a great portion of their own mass.

While being cooked, however, their gastric juice is destroyed by the temperature, and they are then only like any other light food, but if boiled long their albumen becomes hard and dense and less easy of digestion. People with weak stomachs may hence take comfort in the reflection that there is one article of diet which they may usually indulge in without fear of after trouble, namely, fresh raw oysters, which, happily, are provided with an assistant to help them in their solution.

Brain Exhaustion and its Treatment (*Boston Journal of Chemistry*).—We find very full reports of Dr. Radcliffe's recent series of "Croonian Lectures" on nervous diseases in *The Doctor* and other English medical journals. The third lecture is an able and thorough discussion of the subject of "brain exhaustion," so common in these latter days. After describing the leading symptoms, such as loss of memory, depression of spirits, increased or lessened sleepiness, unusual irritability, epileptiform condition of the nerves, and sometimes transitory coma, Dr. Radcliffe proceeds to consider its prevention and cure. On the subject of *diet* he disagrees with those who believe that meat is food *par excellence* and that little other nutriment should be taken. He considers that a properly mixed diet is better in the generality of cases, and that the present practice of urging persons at all weakly, especially children, to eat as much meat as they can, may have not a little to do in developing many nervous disorders, and in deranging the health in many other ways besides—perhaps in causing liver and kidney and other glandular disease by overtaxing the eliminating powers of these organs.

The question of exercise is equally important. Too much walking may be one cause of a breakdown in health, in which little

or no progress is made towards recovery until the patient begins to economize his strength in standing quite as much as in walking, perhaps more. It would often seem as if the amount of vital power at the disposal of the individual did not allow of much head-work and much leg-work together, though quite sufficient to allow of a fair amount of either singly; and that, under these circumstances, if the head-work must be done, it is expedient to avoid walking exercise rather than to seek opportunities for taking it, and often to settle down in an easy-chair and have a nap rather than to walk at all. It is a common thing for a person suffering from cerebral exhaustion to find that he cannot stand or walk except for a short time, and that, if he persists, he soon becomes faint and breathless and unable to talk though comparatively fresh and well before. It is also a common thing, in such a case, for walking exercise, however moderately indulged in, to be followed by inability to keep the thoughts to the point, or by distressing drowsiness or actual sleep, the walking, in short, having brought on head-symptoms which were not present previously. Dr. Radcliffe is convinced that, in very many cases, the persistence in walking and standing, when rest is rather needed, has had much to do, not only with bringing on and keeping up a state of cerebral exhaustion, but with pushing matters to the crisis of hemiplegia.

So in regard to head-work, *rest* may be too much insisted upon in cerebral exhaustion and in other cases of the kind. What is wanted generally, even at the beginning, is, not that work should be given up altogether, even for a short time, but that it should be moderated in amount or changed. It is a grave mistake to let the mind lie fallow, even for a short time, not only in the particular case under consideration, but in all cases where head symptoms have to be dealt with—in epilepsy, for example, no less than in cerebral exhaustion. Of course this notion may be carried too far. Undoubtedly harm may be done by pressing the necessity for work too strongly; but, practically, this danger will prove to be small in comparison with that of letting the mind lie fallow.

With regard to *sleep*, the recumbent position has obviously very much to do with it. Undoubtedly sleep may occur in the sitting posture, and even while standing, but these cases are exceptional. It is certain, also, that sleep in bed is, as a rule, sounder with a low pillow than with a high pillow. If, then, there be a state of wakefulness at night, the head should be kept low; if, on the contrary, there is undue sleepiness, the head should be kept high. The degree of sleep, and the amount of it, may be regulated by simply taking care that the head is in the right position. If prolonged recumbency is a necessary part of the treatment, the tendency to sleep too much during the day and too little at night may be thus corrected. By raising the head in the day time, the patient remains awake sufficiently to be able to sleep at night; by depressing the head at bedtime, the conditions are rendered more favorable to sleep during the night; and, as a rule, sleep is to be conciliated in this way without the help of narcotics.

BLINKERS ON HORSES.—A correspondent of the New York *Commercial Advertiser* thus relates the origin of the custom of blinding horses: "Much has been said about cruelty to animals but nothing about blinds to horses' eyes. Do you know the origin of the fashion? No! Then I will tell you. In 1802, when I was a boy, they came into fashion in this wise: The Duke of Kent, the father of Queen Victoria, was woefully in debt. Being a prince he could not be sued at common law or arrested, but a ribbon stretched across the sidewalk must not be broken by the debtor. So his creditors contented themselves by using this ribbon to compel him to take to the street, or go back. So he had to travel in a coach-and-four. His off leader got "wall eyed." The Duke could not buy another team, and this white eye made the horse unpleasant to look upon. Here was a fix, a princely fix. Poverty and no credit ruled the roost, and it seemed that his Royal Highness would have to go on foot, until one of his drivers hit upon the blinker dodge, and one was fitted to his head. It completely hid the white eye, and then a blind was put on the other horses to make things even and uniform. Our stages were once driven through the country with four blinkers on the horses, *i. e.*, one on the outside of each head-stall, and that fashion continued many years, or until one-horse wagons came into vogue, and then two blinders were placed on each head-stall. Thus because the Duke was too poor to supply his carriage with sound horses, or those having sound eyes, we, to-day, after 71 years experience, follow the fashion set by him. The propriety of these ornaments to the head-stall has never been questioned by any one, not even by the sage committee on 'cruelty to animals.' It began in the poverty of the Duke of York and, of course, is legitimate from its princely origin; and the old proverb, 'that it is better to be out of the world than out of the fashion,' influences many, very many of our citizens, to this day."

MILK IN DIARRHŒA AND TYPHOID FEVER*.—Considerable has been lately said in medical journals concerning the value of milk as a remedial agent in certain diseases. The *Milk Journal* states on the authority of Dr. Benjamin Clarke that in the East Indies warm milk is used to a great extent as a specific for diarrhœa. A pint every four hours will check the most violent diarrhœa, stomach-ache, incipient cholera, and dysentery. The milk should never be boiled, but only heated sufficiently to be agreeably warm, not too hot to drink. Milk which has been boiled is unfit for use. This writer gives several instances to show the value of this simple substance in arresting this disease, among which the following is to be noted: "It has never failed in curing in six or twelve hours, and I have tried it, I should think, fifty times. I have also given it to a dying man who had been subject to dysentery for eight months, latterly accompanied by one continual diarrhœa, and it acted on him like a charm. In two days his diarrhœa was gone, in three weeks

**Boston Journal of Chemistry.*

he became a hale, fat man, and now nothing that will hereafter occur will ever shake his faith in hot milk." A writer also communicates to the *Medical Times and Gazette* a statement of the value of milk in twenty-six cases of typhoid fever, in every one of which its great value was apparent. It checks diarrhœa, and nourishes and cools the body. People suffering from disease require food quite as much as those in health, and much more so in certain diseases where there is rapid waste of the system. Frequently all ordinary food in certain diseases is rejected by the stomach, and even loathed by the patient; but nature, ever beneficent, has furnished a food that in all diseases is beneficial—in some directly curative. Such a food is milk. The writer in the journal last quoted, Dr. Alexander Yale, after giving particular observations upon the points above mentioned, viz: its action in checking diarrhœa, its nourishing properties, and its action in cooling the blood, says, "We believe that milk nourishes in fever, promotes sleep, wards off delirium, soothes the intestines, and, in fine, is the *sine qua non* in typhoid fever." We have also lately tested the value of milk in scarlet fever, and learn that it is now recommended by the medical faculty in all cases of this often very distressing children's disease. Give all the milk the patient will take, even during the period of greatest fever; it keeps up the strength of the patient, acts well upon the stomach, and is every way a blessed thing in this sickness.

One Cause of Consumption.—Dr. MacCormac, of Belfast, Ireland, is the author of a work on pulmonary consumption, recently published by the Longmans, London, and which has attracted considerable notice. According to Dr. MacCormac, induced consumption—as distinguished from that which is hereditary—has its origin in rebreathing expired air. Persons of a delicate constitution or organization should, he says, sleep alone, and, if possible, in spacious rooms, thus insuring a larger supply of pure uncontaminated air; and the window-sash should also invariably be slightly raised on retiring. When the dormitory is small, if not carefully ventilated, oxygen, the essential element that supports life, is quickly exhausted, and the individual takes back into the lungs carbonic acid gas, which is so destructive of life—the whole system becoming deranged, the air cells ulcerating, and, with the destruction of these, the whole bronchial region falling into disease.

To Remove Adhesive Plaster.—Every surgeon, doubtless, is familiar with the appearance of a part which has been enveloped in adhesive plaster, after the straps have been removed. The appearance is not one in very good keeping with a cleanly and neat surgical dressing. The portion of the plaster which is left adhering to the skin may be quickly andcompletely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap suds, will leave the surface as clean as nature ever intended.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

ARTIFICIAL ISCHÆMIA IN OPERATIONS.

BY PROF. F. ESMARCH, OF KIEL.

Dieffenbach remarks: that it is the "demoniac" blood, which horrifies many a young physician and holds him back from undertaking capital operations, especially if he has to work without skillful and sufficient assistance. And still we can only consider that surgeon a good operator who understands to take up coolly the battle with hemorrhage. We all know of what importance hemorrhage is in operations, and many a time a limit is set to our operations by the great loss of blood which we might expect. Many an operation, for the execution of which there would be no contra-indication, has to be left undone by the knowledge, that before we could finish it, the patient would die from the loss of blood, or because we consider him already too weak and too exhausted, to recover from the necessary loss of blood.

We performed yesterday the extirpation of a large and medullary cancer, covering the whole right side of the neck, and necessarily a large quantity of blood was lost during the operation, and that the patient was exsanguinated we could see from the paleness of her skin, the filiform pulse and the labored respiration.

To-day we make an operation where the loss of blood would be still more considerable, if we could not apply our method to suppress perfectly all hemorrhage. The patient before us suffers from total necrosis of both tibiæ, the consequence of acute osteomyelitis, which appeared twenty years ago after a severe cold. Numerous fistulous openings are all over the

anterior surface of both legs, discharging large quantities of pus, and the probe touches everywhere rough and moveable bone. By touching the legs, we feel that the bones are enormously thickened, and as the disease lasted so many years we may be sure that the thickened bone, the coffin which includes the sequestrum, will be of considerable hardness. The situation of the fistula renders it certain, that large portions of both diaphyses are dead, and the different depths into which the probes can be carried, makes us conclude that necrosis happened on different places at different depths. To remove the sequestrum we must, therefore, open the surrounding thickened bony coffin in its whole extent, and in order to secure a perfect healing of such a large wound, I intend to remove the whole anterior surface, so that no small holes remain which might retard the cure. Our patient is still of good constitution and not yet anæmic; still, in former years I would have feared to perform both operations at once on account of endangering life by excessive hemorrhage. Now I allow my assistant to operate on one leg, while I do the same work on the other. After the patient is fully under the influence of chloroform we envelope the legs in water-proof varnished silk paper, in order that the pus from the fistula should not soil the bandages; we then firmly bandage with the elastic bandages, made from woven india-rubber, both legs from the toes up and above the knees, and remove by such uniform compression the blood from the blood vessels of the extremity. Immediately above the knee, where the bandaging ceases, we now put a thin india-rubber tube under strong extension four or five times around the thigh and connect the one end by the hook, with the other end by the metal chain attached to the latter. The india-rubber tube compresses thus perfectly all soft parts with the arteries, so that not a drop of blood can reach the strangulated arteries. It has that benefit before the tourniquet, that we can apply it to any part of the extremity without taking any notice about the position of the chief artery. We are even able in very muscular and fat persons, to suppress in this simple manner the circulation perfectly.

We now remove the india-rubber bandage, which was first put on and the varnished paper below it and you see that both legs below the compressed tube look exactly like the legs of a corpse, and in their pale color they make a ghastly contrast to the rosy hue of the other surface of the body. You will also witness that we operate perfectly as on a cadaver. (We leave out the description of this most successfully performed operation.)

The operation is done. We wash out the cavities of the wound with carbolized water, in order to destroy any putrid organisms, which might be present, put then into it some pieces of gauze soaked in a solution of chloride of iron so that they line the walls and fill up both large cavities to the level with german tinder. By bandaging them with a gauze bandage steeped in carbolized oil, each tampon is firmly pressed down, the whole then covered with a layer of varnished paper, which surrounds the whole leg in an air tight manner, then the usual roller is applied. Now only we slowly remove the constricting india-rubber tube. You see how the pale skin of the extremity becomes at first spotted, then everywhere uniformly red, and it soon shows a deeper red than other parts of the body. Let us observe the dressing of the wound under the transparent paper, and you see nowhere blood penetrating through the gauze bandage. Our patient has in fact not lost more than a teaspoonful of blood, look also at his quiet and sweet sleep; he still has the same red cheeks as before the operation, his pulse is full and strong, and we can expect a more speedy reconvalescence, than if we had operated in the usual manner.*

Comparing now to-day's operation with that of yesterday, the benefit of such a procedure must be acknowledged, espe-

* The dressing was removed on the fourth day, and the tremendous cavities of the wound showed already a beginning of granulating. At first oil was then used for dressing and then an Unguentum Zinc. Sulph. under this simple treatment the patient could be discharged according to his own desire on the 21st day.

cially as it takes away the necessity of assistance, a great drawback to the country physician.

Our process can be applied in nearly all operations on the extremities with more or less perfect success. In extirpations of tumors, ligatures of large blood vessels, in scooping out scrofulous ulcers and carious bones, in resections of small bones and joints, we never relax the constricting tube, till the dressing is entirely finished. But this method gives us another benefit. In dubious cases, where we remain uncertain of what is sound and what diseased tissue, or in other words, is amputation necessary or does conservative surgery suffice, it enables us to examine more thoroughly the diseased parts, than it was formerly the case.

I would also remark, that amputations and large articular resections cannot be performed without some loss of blood, because we must guard against secondary hemorrhage, before we put on our dressing.

In amputations we must loosen the constrictor, as soon as all arteries are ligated which we can see with the eye. The blood then rushes forcibly into the blood vessels, and springs forth as from a sponge over the whole surface of the wound, but we soon distinguish solitary spurting arteries, and after we have taken care of them, we need not fear any secondary hemorrhage, as especially the dilatation of the blood vessels caused by the loosening of the tube renders even the smallest arteries visible, and only through carelessness a somewhat larger arteriole could be overlooked. The loss of blood is in no case large, and the result of our amputations has been extremely favorable since employing our new method.

Just as on the extremities, so may we also suppress all circulation by the india-rubber tube in diseases of the male sexual organs. Whether we wish to extirpate a testicle or amputate a penis, we put a thin india-rubber tube from behind around the root of the scrotum and penis, cross the ends in front of the mons veneris and twist them together behind or above the os sacrum. I have castrated several times

such a manner, without losing any more blood than was present in these organs at the beginning of the operation, and should we wish to save that, we must carefully envelope the parts beforehand, with narrow india-rubber bandages, which ought to be at any rate done on large tumors of the testicles. For small operations on the prepuce or glans it will suffice to put once around the root of the penis a very thin india-rubber tube, like one used in the drainage of wounds and abscesses.

It has always been the aim of all surgeons to restrain as much as possible the loss of blood. Ancient surgeons amputated with red hot instruments or applied molten pitch on the stump. Ambrose Pare was the first to apply the ligature and compress the circulation above the place of amputation.—Many attempts of improvements then followed, but all these methods and all these apparatuses are deficient, and during the years of my studies I never saw an amputation performed with the aid of the tourniquet. My teachers preferred to have the chief artery compressed with the fingers ; considering it as safe as any tourniquet, and especially as it gave the students and assistants an opportunity to get used in mastering hemorrhage. The tourniquet was out of fashion, but the patients lost a great deal of blood, especially when the operation lasted a long while.

Surgeons aimed therefore to perform amputations in a very short space of time, and the old *Langenbeck* was known as one of the swiftest operators, though his nephew Bernard Langenbeck became equally renowned by his quick mode of amputating. Another reason for this hastiness was also to give as little pain as possible to the patient ; but since anæsthesia came into vogue, there is not so much stress laid any more upon quickness of operating them as formerly.

"To save blood," is the characteristic of a good and conscientious surgeon and I received my first hint in that direction from an amputation of the thigh ; in examining the leg after the operation I was horrified about the large quantity of blood,which additionally had escaped the blood vessels of the stump and I made up my mind that in future that blood should

be saved. I also remembered an operation, where I assisted *Strohmeyer*. It was a ligation of the brachialis on account of an aneurisma, where the surgeon, in order to restrain the stasis of blood in the capillaries, firmly bandaged the forearm up to the aneurisma before he applied the tourniquet. We discussed at that time the fact, that the blood pressed back from the capillaries into the arteries, showed the dark color of venous blood, and were astonished how easily the ligature was applied after all the blood in the arm had run out of the incision.— Since then I applied this idea to all amputations and exarticulations and had good cause to be satisfied with the result, but the process was still imperfect, and I always applied my bandages only to the diseased parts or at most to the place of amputation, and thus closed the leading artery only by digital compression. India-rubber then came in vogue, and its frequent application in surgery rendered it easy to apply its elasticity also for our use. A band as commonly used for purposes of contra extension served at first as tourniquet,and then one improvement followed the other.

So far our territory is still a limited one. We are yet only master of the circulation in the extremities and on the external male genital organs. But perhaps it might still be made of use in operations on the trunk, the neck or head by constricting the extremities and using them thus as reservoirs whence the blood might be carried again successively into the general circulation, when there should be danger of exsanguination. But this is only an idea and careful experiments on man and animals must decide about its value.

The classical experiments of *Cohnheim* prove, that in warm blooded animals the total interruption of the circulation of the blood causes no lasting disturbance, if it does not last over six or eight hours. I have used this procedure in more than eighty operations, and I never yet witnessed any evil result. I performed operations lasting over an hour and could not see any disturbances in the circulation during the healing process, rather the contrary, for the cure is more speedy, and accidental traumatic affections the exception. Let me men-

tion in conclusion one precautionary rule: if you operate on ichorous infiltrated parts, it would be wrong to render them empty of their blood. By bandaging such soft parts we run the danger of pushing the infectious masses into the meshes of the cellular tissue and into the lymphatics, to the great injury of the patient. In all such cases I forego the bandage, but raise up the extremity for some moments in order to push the blood upwards as much as possible before the constrictor is applied.—(*Volkmann's Kl. Vortræge, 58.*)

BILLROTH ON ESMARCH'S METHOD OF PREVENTING HÆMORRHAGE DURING OPERATIONS.—Professor Billroth writes to the *Wiener Medizinische Wochenschrift*, on Esmarch's method of bloodless operations. Billroth says that Esmarch belongs to those German surgeons of whose communications it may be observed, that the facts therein stated are carefully and accurately recorded; and that although he did not entertain any doubt as to the truth of Esmarch's observations, he was unable, before he had himself applied the method, fully to realise the complete nature of the local anæmia which might be thus produced. Altogether he had tried it in fourteen cases; two extensive operations on necrosis of the tibia; three resections and extirpation of bone in the foot; two resections of the elbow-joint; two Chopart's amputations;—four amputations of the thigh; and one disarticulation of the hip joint. In twelve of these cases, the result obtained by Esmarch's apparatus was complete and successful. In two cases it was incomplete, for the following reasons: In one instance a large cicatrix on the back of the knee, following a burn, had bent the knee to a right angle with the leg and hindered the india-rubber band from exercising efficient circular compression; the smaller vessels were closed, but the main artery required to be compressed in the groin; some blood also flowed from the distal vessels. The imperfection might have been remedied by placing a pad in the popliteal space, or

perhaps, applying the compression a little higher up the limb. The second case where the compression was incomplete, was one of disarticulation of the femur under somewhat peculiar circumstances. A man, aged forty-five, worn out by excess in drink, had had an amputation of the thigh performed on account of disease in the knee-joint. The patient survived the operation but the stump did badly, and six months later two inches of bone were excised. The wound still did badly.—Billroth determined to split the other side of the stump, separate the periosteum from the bone, and remove the remaining portion of the femur. The operation was easily accomplished; the india-rubber rope was passed round the perinæum, and over the anterior superior spine of the ilium, thence over the gluteal muscles. The aorta was compressed. Though the bleeding was much lessened, it was not prevented. Of the fourteen cases, eleven were completely cured, or approaching a cure, at the time when the author wrote. Three patients died; the case of disarticulation of the femur, and two of amputation of the thigh.

Billroth attempted to perform one of these operations without chloroform, supposing that local anæsthesia,as well as local anæmia, might be produced by the constriction, but there was no diminution of the amount of pain produced, at all events immediately; but it is suggested that further experiments in that direction should be made. In cases where amputation is performed for gangrene, or where septic abscesses exist, it may be dangerous to apply the elastic bandage, lest some of the poisonous material be forced into the circulation. Under these circumstances, it would be better to apply the circular compression only.

Dr. William McCormac, in the *London Medical Record*, says: "The plan has been now tried in St. Thomas's Hospital in cases of amputation, excision of the knee, operations on necrosis, &c., with unvarying success, not a drop of blood appearing in the wound during the entire period of the operation."

CLASSIFIED INDEX

AMERICAN OBSERVER:

First Series,

1864—1873, INCLUSIVE.

Practice of Medicine.

AMAUROSIS, dental, by Henry S. Chase, 1868, p 465.
cured by electricity, 1864, p 116.
supposed to be induced by tobacco, 1864, p 106.
Anæmia of the brain, 1870, p 55.
Anasarca, Rhus tox in, 1869, p 225.
Anæsthetics, 1870, pp 467; 1873, p 193, 295, 299.
nitrous oxide, 1870, p 178; ether, 1872, p 476.
Asphasia, 1870, p 334; 1872, p 290; Stramonium in, 1869, p 271.
Aphthæ, the treatment of, 1866, p 67.
Asthma, Cactus in, 1868, p 229; Phytolacca in, 1868, p 283.
Dr. A. E. Small's case, 1866, p 226; chronic, Lachesis in, 1865, p 107.
humidum, Lungs of foxes a remedy for, 1867, p 61.
Cactus grand, 1866, p 474; and Aphonia, 1873, p 593.
Ætiology, 1871, p 376.
Abscesses, drainage coil for, 1871, p 19.
Æsculus hip, in piles and constipation, 1865, p 364; 1866, p 65, 225.
1867, p 163.
Acne, Bromide of Potassium in, by E. M. Hale, 1868, p 283; 1870, p 289.
Alternation of remedies, by H. M. Smith, 1864, p 165.
Aletris in vomiting of pregnancy, 1870, p 338.
Amenorrhœa cured by Belladonna, 1865, p 106.
Aneurism of thoracic aorta, 1870 p 409; of the aorta, 1870 p 518.
Anteversion simulating heart disease, 1866 p 63.
Argentum nit. in atrophy of the penis, 1866 p 401,
Arsenic in phthisis, 1865 p 237; eating, 1872 p 326.

Absinthe, epilepsy produced by, 1873 p 308.
Acidity of the stomach, Robinia p. a. in, 1868 p 24.
Ailantus in cholera morbus, 1864 p 167.
Angina pectoris, 1866 p 267 ; 1871 p 423 ; 1872 p 441.
Antidotes to carbolic acid, 1872 p 508.
Animal nerves, paresis of, by A. Burow, sr., 1872 p 245.
Apis mellifica, external use of,1864 pp 31. 62 ; in ovar. tumor, 1870 p 474.
Arnica in hygroma, 1870 p 294 ; poisoning by, 1871 p 47.
Articular rheumatism—knee joints, 1868 p 72.
Ascites, Apocynum can. in, 1864 p 29.
Asiatic cholera, 1866 pp 11, 301, 441; disc. on 1866 p 521; 1870 p 311,—1873 p 446.
Abdominal fistula, 1871 p 314.
Abortion, Cimicifuga in, 1865 p 325 ; case of, 1865 p 301.
Gelseminum in, 1865 p 39 ; Aletris farinosa in, 1866 p 225.
by E. M. Hale, 1867 p 132; complicating cholera, 1867 p 64.
case by S. M. Green, 1867 p 121 ; medical jurispru. of, 1872 p 216.
Aloes in chronic diarrhœa, 1869 405.
Alopecia, by Dr. S. Lilienthal, 1868 p 459.
Alcoholic poisoning, test for, 1865 p 236.
Anomalous case and its cure, by Santonine, by E. M. Hale, 1872 p 169.
Aphonia, Gelseminum in, 1869 p 315.
by C. H. Lee, 1865 p 10 ; and asthma, 1873 p 593.
Apoplexy, 1870 p 56.
Apocynum androsemifolium in rheumatism, 1868 p 220.
can. in coryza or cold in the head, 1864 p 105.
can. in dropsy, 1866 pp 121, 262.
Atropine in chronic ulcer of stomach, Dr. B. Bahr, 1864 p 8.
in cerebro-spinal meningitis, 1866 p 403.
Acute synovitis, 1864 p 118.
coryza, 1869 p 249.
bronchitis, 1873 pp 31, 152.
mania, Hydrate of Chloral in, 1870 p 536.
do Gelseminum in, 1873 p 474.
catarrhal ophthalmia, 1866 p 467.
do laryngitis, 1869 p 306.
œdematous do 1869 p 423.
Ague cure, an, 1871 p 213 ; Strychnia in, by S. Lilienthal, 1868 p 559.
treated with Arsenic, 1871 p 584.
Albuminuria, Merc. cor. in, 1867 p 411.
Anus, fissured, cured by Ratanhia, 1873 p 255.
Aural catarrh clinical case of, by W. S. Searle, 1872 p 166.
Arum try. in scarlet fever, 1864 pp 168, 179.

BAPTISIA in fevers, 1865 p 257, 1866 p 377 ; in dysentery, 1865 p 299.
in stomatitis, 1866 p 224 ; in diphtheria, 1866 p 224.
in inflammation of inquinal glands, 1868 p 562.
in gastric fever, 1866 p 558 ; in scrofulous ophthalmia, 1869 p 559.
Bladder, irritable, Chimaphilla in, 1864 p 92.
chronic inflammation of the, Eupatorium purp in, 1866 p 405.
female, stone removed by dilatation, 1870 p 496.
tapping the male, 1870 p 181.
Baunscheidtism, 1864 pp 31, 93, 118.
Brain, inflammatory affections of the, 1870 p 57.
anæmia of the, 1870 p 55 ; hyperæmia of the, 1870 p 51.
Beef tea, a new mode of making, 1872 p 469.
Benzoic acid in nocturnal enuresis, 1864 p 182.
Bleeding hæmorrhoids, 1869 p 516.
Bichloride of mercury, fatal poisoning by, 1872 p 84.
Bilious intermittent fever, 1866 p 22.
colic, Triosteum perfoliatum in, 1867 p 69.
Dioscorea villosa in bilious colic, 1870 p 415.
Biliary calculi, Colocynth in, 1868 p 234 ; chloroform in, 1870 pp 412, 471.
Bismuth sub. nit. in gastrodynia, 1868 p 530.
Boils, Phosphorus a preventive of, 1866 p 261.
Blood in eruptive diseases, 1873 p 163.
Boletus pinus in intermittent fever, 1865 p 37 ; 1865 p 299.
Bronchial catarrh, 1864 p 86.
Bronchitis. 1867 p 65 ; 1871 p 422 ; Cactus grand. in, 1865 p 269.
crouposa acuta, 1873 p 401 ; acute, 1873 pp 31, 152.
capillary, 1873 p 212.
Bronchus, diagnosis of a foreign body in the right, 1873 p 497.
Bromide of ammonium in epilepsy, 1865 p 323.
of potassium do 1871 p 433 ; 1872 p 150.
Bromine in croup, 1867 p 166.
Bowels, chronic ulceration of the, 1865 p 289.
Buckwheat gruel an external application in erysipelas, 1866 p 261.
Bunions, 1873 p 602.
Burns and scalds, 1871 p 227 ; 1872 p 164 ; 1873 p 581.
Buttermilk and peaches as a diet in dysentery, 1871 p 426.

CASES illustrating the selection of the characteristic symp., 1865 p 105.
Case of poisoning by Arnica, 1871 p 47.
in practice illustrating the curative action of Digitalis, 1871 p 138.
Case or two, a, 1873 p 257.
Calendula as an external application, 1866 p 562.
Cactus grand.in rheumatic neuralgia,1869 p 312 ; in bronchitis,1865 p 269.
in heart disease, 1867 pp 22, 436 ; 1868 p 229.

Cannabis indica in trismus, 1865 p 236.
Calabar in cerebro-spinal meningitis, 1873 p 476.
Catarrh cured by Arsenicum alb., 1864 p 47.
Catarrhal fever, Gelseminum, 1864 p 108.
Catarrh, Sticta in, 1864 pp 109, 117.
Catarrhal ophthalmia, 1866 p 164; affections, Gelseminum in, 1866 p 216.
Catarrhus æstivus, 1867 p 391; 1868 p 23.
Catarrh nasal, 1868 p 235.
Catarrhal laryngitis, acute, 1869 p 306.
Catarrh, a case of, 1869 p 514; 1870 p 112; aural, 1872 p 166.
Cramp of stomach, 1864 p 92.
Carbolic acid, poisoning by, 1870 p 31; 1871 p 522.
in hysterical vomiting, 1870 p 33; in chronic vomiting 1870 p 34.
in carbuncle, 1871 p 328; in rheumatic pains, etc., 1873 p 470.
Caulophyllum in "false pains," 1867 p 229.
Cause of tuberculosis, the, 1870 p 69.
Causes of diseases of the liver, 1873 p 515.
Calcarea carb. in polypus, 1869 p 143.
Cannabis in. in menorrhagia, 1871 p 374.
Carbuncle, carbolic acid in, 1871 p 328.
Carcinoma, Cundurangu in, 1871 p 405; Kali chlori'm in open, 1873 p 310.
Cancer, 1871 pp 405, 458; electricity, 1871 p 454; antid. fraud, 1873 p 351.
Characteristics of the principal cough remedies, 1873 p 353.
Cephalalgia cured by a single dose, 1869 p 184.
Cerebro-spinal meningitis 1864 p 48; 1866 p 533; 1867 p 27; 1868 p 75.
1870 p 202, 1871 pp 290, 367, 1873 p 374.
a case of 1865 p 12; atropine in 1866 p 403; epidemic 1869 p 276.
Ranunculus bulbosa in 1873 p 471; calabar in, 1873 p 476.
Cervical gland, enlarged, cured by Merc. iod., 1865 p 108.
Clergyman's sore-throat, Arum try. in 1864 p 168.
Chest, neuralgia of, 1873 p 272; on measuring the, 1873 p 519.
Cimicifuga in intermittent fever, 1866 p 227.
in encanthes inflammatoria, 1867 p 229.
Clinical reports, remarks on, 1872 p 74.
notes, by E. J. Bates, 1864 p 29; cases of diphtheria, 1865 p 72.
observations, 1864 p 130.
experience with high potencies of the *New Remedies*, 1868 p 122.
cases, 1869 p 516; 1872 pp 73, 570; 1873 p 326.
notes and observations relating to Brom. pot., 1870 p 396.
hints and characteristics, Borax, 1873 p 581.
Criminal abortion, a case from practice. 1864 p 40; 1871 p 500.
Children, diseases of, 1868 p 134.
Clinical thermometers, 1873 p 597.

Chronic ulcer of the stomach, Atropine in, 1864 p 8.
diarrhœa, Cistus can. in, 1864 p 122.
asthma cured by Lachesis 12th, 1865 p 107.
diarrhœa of children, 1865 p 213; ulcera. of bowels, 1865 p 289.
do Podophyllin in, 1867 p 437; rheumatism, 1868 p 457.
sick headache, 1869 pp 225. 560; herpes, 1869 p 282.
diarrhœa, Aloes in, 1869 p 405; vomiting, Carbolic ac. in, 1870 p 34.
lead poisoning, on, 1871 p 549.
diseases of organs of respiration, 1872 p 91.
broncho-pneumonia, (phthisis pulmonl's) and granulia (tuberculosis) 1873 p 578.
Comments on a case of hay-fever, 1870 p 18.
Cobweb in fevers, 1865 p 235.
Cholera morbus, Dioscorea villosa in, 1866 p 379; Ailantus in, 1864 p 167.
treated by Camphor only, 1866 p 21; ice treatment, 1866 p 62.
in the West Indies, 1866 p 192; contagiousness of, 1866 p 192.
Asiatic, 1866 p 441; 1870 p 311; 1873 pp 525, 543.
was it Asiatic or not, 1866 p 502; abortion complicating, 1867 p 64.
cases treated during the epidemic of 1866,—1867 p 308.
in Berlin, 1868 p 284; cases by Dr. Kafka, 1868 p 557.
mortality, 1870 p 463.
infantum complicated with congestive chills, 1870 p 529.
the track of the, 1871 p 475; in Nashville, Tenn., 1873 p 477.
of 1873, a "pernicious gastro-intestinal catarrh, 1873 p 520.
in Nashville, its relation to food, 1873 p 524.
incorrect statements, 1873 p 557; a problem, 1873 p 519.
Contusions and wounds of abdomen, 1870 p 545.
Concussion of the spine, curious effects of, 1869 p 60.
Congestion of the brain and lungs, 1868 p 560.
Coating of the tongue, 1870 p 539.
Coccydynia, 1870 p 419, p 1871 p 28, 1873 p 139.
Chorea, 1865 p 268, 1867 p 124, 1873 p 138.
Chlorosis, 1865 p 111.
Coal oil for worms, 1865 p 113.
Constipation, Podophyllum pelt. in, 1864 p 30.
Collinsonia can in, 1865 p 36; an obstinate case of, 1867 p 164.
in children, 1868 p 134; remarkable case of, 1868 p 228.
by A. Lindsay, 1869 p 513; Hydrastis in, 1873 p 254.
Consumptive curers in New York, 1864 p 190.
Consumption, the Hypophosphites in, 1866 p 61; mortality of, 1870 p 139.
one cause of, 1873 p 624.
Continued fevers, causes of, 186 5 p 233.
statistics of the treatment of, 1865 p 235.
Coryza, or cold in the head, 1865 p 33; acute, 1869 p 249.

Contagiousness of cholera, 1866 p 192.
Cornea, ulcer on the, cured by Sulphur 30th, 1864 p 118.
Colic, Phosphoric acid in, 1866 p 261; bilious, Triosteum perf.. 1867 p 69.
Dioscorea in infantile, 1873, p 328
Cough, a case with unusual complications, 1866 p 398.
remedies, characteristics of the principles, 1873 p 353.
Croup, 1869 p 523 ; Bromine in, 1867 p 166 ; Gelseminum in, 1867 p 256,
spasmodic, 1869 p 526 ; membranous, 1870 p 413.
Causticum in, 1873 p 271 ; fatal case of, 1873 p 469.
inhalation of lime in, 1873 p 614 ; pseudo-membranous, 1870 p 128.

DANGER in vaccination, a source of, 1869 p 281.
Drainage coil for abscesses, 1871 p 19.
Death, real and apparent, 1864 p 74 ; diagnosis of the pupil, 1870 p 121.
from Chloroform, 1870 p 461 ; from Chloral hydrate, 1871 p 147.
from nitrous oxide gas, 1871 p 329.
Deafness, 1864 p 181, 1871 p 28.
and troublesome tingling in the ears, 1867 p 57.
from aperture in the membrana tympani, 1867 p 305.
Delirium tremens. Cimicifuga racemosa in, 1866 p 471.
Digitalis in, 1870 p 536 ; by Prof. A. Voisin, 1872 p 518.
Dental, Periostitis, 1867 p 403.
Diarrhœa, camp, Podophyllum in, 1864 p 64
chronic, Cistus can. in 1864 p 123 ; Petroleum in do., 1867 p 436.
do Podophyllum in, 1867 p 437 ; Aloes in chronic, 1869 p 405.
and typhoid fever, milk in, 1873 p 623.
Diagnosis of paralysis of the vocal chords, 1872 p 517.
foreign body in the right bronchus, 1873 p 497.
Diabetic urine, test for, 1865 p 149; sugar, 1869 p 317.
Diabetes mellitus, 1873 p 503.
Diet, 1864 p 111, 1867 p 108, 1871 p 223.
Disease, brief notes on cases of, 1864 p 133 ; cause and cure, 1868 p 553.
the essen. nature of, 1870 p 436 ; of the eye, ear and skin, 1870 p 120.
of the spinal cord, 1870 p 205 ; of the heart, 1870 p 463.
of the heart, the relation of pregnancy to, 1872 p 435.
eruptive, blood in, 1873 p 163 ; of the larynx, 1871 p 375.
Dilatation treatment for phymosis, sudden, 1870 p 422.
Differential diagnosis, rubeola and variola, 1871 p 430.
Diminished secretion of bile, 1873 p 517.
Diphtheria, Phytolacca decandra in, 1864 pp 25, 32, 183, 1865 p 40.
1867 p 254, 1873 p 265 : Guaiacum off. in, 1864 p 77.
1864 p 84, 1866 pp 201, 206, 372, 1869 pp 313, 404, 555, 1870 p 418.
Ammonium caust. in, 1864 p 91 ; spurious do 1865 p 37.
clinical cases of, 1865 p 72

Diphtheria, external, 1866 p 57 ; permang. of Potassa in, 1866 p 205.
Baptisia in,1866 p 224 ; perman. of Potash of no value in,1867 p 65
Nitric acid in a certain phase of, 1867 p 399.
New Remedies in, 1868 p 232 ; Hydrastis in, 1866 p 469.
in Germany, 1871 p 303 ; death from in Philadelphia 1871—
Diphtheritic croup, 1872 pp 317. 355, 447. [1872 p 324.
Directions for vaccination, 1865 p 48.
Dropsy, Eupatorium purpureum in. 1864 p 133 : treat. by galv.1865 p 112.
cured by Apocynum can, 1865 p 221 ; Apocy. can. in 1866 p 121,262.
and porrigo, 1868 p 134.
Dropsical affections, Sambucus ebulus in 1869 p 229.
Drowning, treatment of, 1864 p 71 ; sensation of 1870 p 570.
Dose of Carbolic acid, the, 1873 p 423.
Dysmenorrhœa, Senecio gracilis in, 1864 p 46 ; 1865 p 239.
Ustilago madis in, 1870 p 412.
Dyspepsia, 1864 p 109, 1873 p 313 ; cured by Veratrum, 1865 p 108.
Dysentery, Euphorbia corollata in, 1864 p 132.
Phos. acid and Mercurius in, 1864 p 149.
1865 p 71, 1866 p 260, 1868 p 516; Baptisia tinctoria in, 1865 p 299.
cured by Hamamelis v, 1866 pp 30, 214.
Gelseminum and Baptisia in, 1867 p 444.
buttermilk and peaches as a diet in, 1871 p 426.
Dynamics of the nervous system, 1870 p 161.
Dysecoia, 1867 p 57.

ENCANTHES inflammatoria, Cimicifuga in, 1867 p 229.
Eclampsia cured by Belladonna, 1870 p 395 ; inquiries, 1870 p 460.
inquiries reply to, 1870 p 498 ; infantum, 1871 p 420.
Earth as a dressing in severe burns, on the use of, 1871 p 314, 343.
Electricity, medical, 1864 pp 114, 115, 117 ; in granu. opthal, 1869 p 145.
as a therapeutic agent, 1871 p 183 ; in cancer, 1871 p 454.
Encephalitis or cerebritis, 1870 p 58 ; left-sided, 1873 p 112.
Enteritis folliculosa, 1869 p 401.
Enteric fever, spontaneous origin, 1871 p 173.
External use of Apis mellifica, 1864 pp 31, 62.
application, Calendula as an, 1866 p 562.
Extermination of warts, 1865 p 292.
Eczema, Juglans cinerea in, 1867 p 161 ; treatment with Tar, 1872 p 437.
Extensive burn, 1871 p 227.
Epilepsy, brom. of Ammon. in, 1865 p 323 ; high potenc. in, 1866 p 24.
brom. of Potassa. in, 1866 p 122, 1867 p 250, 1870 p 435.
1871 p 433, 1872 p 15.
and hysteria, 1873 p 138 ; produced by Absinthe, 1873 p 308.
Epidemic pharyngitis, Lachesis in, 1869 p 226.
Epistaxis, to stop without plugging, 1868 p 136 ; Tanacetum in,1868 p 460.
1872 p 484.

Epiglottis, chronic inflammation of the mucous membrane, 1871 p 378.
Endocarditis, chronic, 1872 p 436.
Elongated uvula, 1864 p 108.
Erotomania, 1871 p 502.
Eruptive diseases, blood in, 1873 p 163.
Equine influenza, 1873 p 62.
Enuresis nocturnal, 1865 p 34; Benzoic acid in, 1864 p 182.
nitrate of Uranium in, 1866 p 29.
Erysipelas, Veratrum viride in, 1865 p 321.
Buckwheat an external application of, 1866 p 261.
Hydrastis can. in, 1866 p 468; Juglans cinerea in, 1867 p 161.
Hypophosphite of Soda in, 1869 p 17; erysipelas, 1869 p 517.
and suppurative inflammation of the joints, 1871 p 366.
Eye, ear and skin, diseases of, 1870 p 120.

FACIAL neuralgia, 1866 p 66, 1873 p 257.
False pains, Caulophyllum in, 1867 p 229.
Faradization and galvanism in the treatment of amenorrhœa, 1872 p 458.
Fatal poisoning by local application of bichloride of Mercury, 1872 p 84.
case of croup, 1873 p 469.
Felon, treatment of, 1865 p 297.
Fever, ventilation in, 1865 p 375; Baptisia in, 1865 p 256, 1866 p 377.
traumatic, 1872 p 516; continued, 1865 p 233.
cobweb in, 1865 p 235; see typhoid, remittent, interm't, scarlet, etc
Fissured anus cured by Ratanhia, 1873 p 255.
Fistula in ano, cured by large doses of Rhus tox, 1866 p 561.
abdominal, 1871 p 314.
Follicular angina, 1870 p 257.
Frontal headache, Iris versicolor in, 1864 p 109.

GLANDS, enlarged cervical, cured by Merc. iod. 12th, 1865 p 108.
Baptisia in inflammation of inquinal, 1868 p 562.
Granular ophthalmia, 1868 p 466; electricity in, 1869 p 145,
Glance at the pathogenesis of Podophyllum, 1873 p 345.
Galactorrhœa, 1867 p 396.
Gall stones, expulsion of, 1868 p 561, 1871 p 424.
Gangrene, threatened, Lachesis in, 1867 p 64; impor. case of, 1868 p 73.
Gastritis, Morphia in heroic doses, 1865 p 133; gastritis, 1869 p 410.
Gastric fever, Baptisia tinctoria in, 1866 p 558.
neurosis from tobacco, 1871 p 561.
Gastrodynia, Bismuth sub. nit. in, 1868 p 530.
Gastro-hysterotomy, 1872 p 324.
Glottis, spasm of the, 1870 p 36.
Goitre, flouride of Calcium, 1864 p 48; goitre, 1869 p 561.
Gonorrhœa, Hydrastis can. in, 1866 p 467; Erigeron in, 1867 p 120.
1867 p 225, 1873 p 139; Gelseminum in, 1868 p 286.

HÆMORRHOIDS, Æsculus hip. in, 1864 p 36, 1865 pp 42, 295, 296, 1866 pp 65, 225, 1867 p 163.
Populus can. in, 1864 p 86.
sciatica caused by suppressed, 1868 p 428.
bleeding, 1869 p 516.
Hæmoptœ, what relation has it to tuberculosis pulmonum? 1870 p 574.
Hæmoptysis, Senecio gracilis in, 1864 p 46; hæmop's. 1871 p 231.
Hæmostatic treatment of cholera, 1865 p 235.
Hæmaturia, Erigeron can. in. 1866 p 263, a domestic rem. for, 1869 p 184.
in a woman 76 years, 1872 p 24.
Hay-fever, 1868 p 23, 1870 p 18.
Headaches, 1871 p 33.
Headache, frontal, Iris vesicolor in, 1864 p 109.
from decayed tooth, 1865 p 293; occipital, Kali brom. in, 1870 p 93.
Glonoine in, 1873 p 477.
Head, diseases of the, 1870 p 61.
Heart, spasmodic action of the, 1865 p 298.
Hydrastis in organic diseases of the, 1867 p 21.
disease, Cactus in, 1867 pp 22, 436, 1868 p 229.
rupture of the, 1867 p 353; clots cause of sudden death, 1868 p 236
diseases of the, 1870 p 563; symp. cured by Aconite, 1870 p 536.
Helminthiasis, 1864 p 75, 1871 p 293.
Hemicrania, cured by Electricity, 1864 p 116.
Hemorrhage, uterine, 1864 p 117, 1870 p 521.
Hemorrhages, 1873 p 264.
Hernia, Nux vomica in, 1869 p 43; case of strangl'd inquinal, 1871 p 362.
Herpes, chronic, 1869 p 282; zoster or shingles, a case of, 1871 p 226.
Homœopathic practice, difficulties of, 1864 p 73.
Hot sand bath, 1873 p 526.
Hutchinson on the propagation of syphilis by vaccination, 1873 p 260.
Human milk, a contribution to the study of, 1870 p 12.
vaccination versus animal vaccination, 1870 p 496.
Hydrophobia, electricity in, 1865 p 13.
Hydro thorax, cured by Apocy. can., 1865 p 41.
Hydrotherapy in abdominal typhus, 1871 p 286.
Hydrocephalus during nephritis chronica interstitialis, 1871 p 545.
Hysteria, Gelseminum in, 1865 p 328.
from compression of the ovaries, 1871 p 560.
and epilepsy, 1873 p 138.
Hysterical vomiting, 1870 p 33.
Hygroma, Arnica in, 1870 p 294.
Hyperæmia of the brain and membranes, 1870 p 51.
Hydatid mole, 1872 p 168.

INFLAMMATORY and ulcerative processes of special parts of the larynx, 1871 p 378.
Inflammation, engorgement and hypertrophy of the prostrata, 1870 p 525.
Inhalation of lime in croup, 1873 p 614.
Inhalations in phthisis pulmonalis, 1870 p 266.
Infantile paralysis, 1871 p 131.
colic, Dioscorea villosa in, 1873 p 328.
Insanity, blood-letting and narcotics in, 1864 p 106.
1872 p 519.
Intermittents, Eupatorium perfoliatum in, 1866 p 404.
Intermittent fever, Boletus pinus in, 1865 p 37.
Cornus Florida in, 1865 p 43; Boletus laricus in, 1865 p 299.
1865 p 325, 1868 p 326, 1871 p 231; Gelseminum in, 1867 p 437.
discussion before the American Institute, 1868 p 125.
Polyporus off. in, 1868 p 198; and Cubebs, 1868 p 219.
and epileptiform convulsions, 1872 p 364; and choreaic, 1873 p 140.
Cimicifuga in, 1866 p 227.
neuralgia cured by Belladonna, 1865 p 108.
Is phthisis pulmonalis curable? 1873 p 580.
Impetigo figurata, Juglandin in, 1867 p 228.
Irreducible herniæ, remarks on the treatment of recent, 1871 p 125.
Intestines, traumatic rupture of the, 1872 p 519.
Irritable bladder, Chimaphila in a case of, 1864 p 92.
Importance of a single symptom, 1870 p 528.
Ingrowing nails, 1873 p 312.
Influenza, epidemic, 1864 p 109; influenza, 1868 p 220.
equine, 1873 p 62.
Incubation and periodicity, 1871 p 92.
Inquinal glands, inflammation of, 1868 p 562.

JAUNDICE, Iris versicolor in 1864 p 92; Podophyllum in, 1865 p 42.
Hydrastis can. in, 1866 p 462; jaun. in children, 1868 p 134.

KERATO-IRITIS, 1872 p 165.
Keratitis, pustular, 1872 p 166.

LARYNX, diseases of the, 1871 p 375.
Laryngismus stridulus, Phytolacca in, 1869 p 141; 1871 p 134.
Laryngoscopic diagnosis, 1871 p 376.
Laryngitis, acute catarrhal, 1869 p 306; œdematous, 1869 p 423.
chronica simplex, 1870 p 561; Stillingia in, 1870 p 537.
chronica gravis seu ulcerosa, 1871 p 375.
Lethargy. 1865 p 375.
Left-sided encephalitis, 1873 p 112.
Lichen lividus, Juglans cinerea in, 1867 p 161.

Liver, historically, anatomically, physiologically, pathologically and clinically considered, 1873 pp 508, 605.
in health and disease, relative weight and size of the, 1873 p 514.
Lungs and brain concordant, the, 1871 p 561.
Lumbago, clinical case of, 1873 p 365.
Lumbar pain, Rhus in, 1873 p 258.
Lymphomata, treatment of multiple, by Arsenic, 1872 p 140.

MALE bladder, tapping the, 1870 p 181.
Malaria, what is it, 1872 p 52; malaria, 1873 p 552.
Malarial fevers, Gelseminum in, 1864 p 30.
Mammæ, inflammation of, Phytolacca dec. in, 1865 p 138.
the influence of Chimaphila on the, 1867 p 115.
Marasmus, 1867 p 119.
Mastitis, Phytolacca in, 1868 p 77; and mammary abscess, 1869 p 43.
. prevention of, 1869 p 227.
Measles produced by mouldy flax seed, 1865 p 235; measles, 1870 p 416.
Medical treatment of Horace Greeley, 1873 p 105.
Melancholia atonita with loss of speech, 1864 p 107.
Membranous croup, 1870 p 413.
Medical thermometers, Edouard Seguin's, 1872 p 204.
Mental symptoms, 1869 p 265; emaciation, 1871 p 338.
disturbance, transitory, two cases of, 1872 p 17.
Mephitis, 1871 p 431.
Miliary fever, Gelseminum in, 1866 p 557.
Milk, human, contribution to the study of, 1870 p 12.
an antidote to poisoning by nitrate of silver, 1871 p 414.
as an article of diet, 1872 p 326.
in diarrhœa and typhoid fever, 1873 p 623.
Microcythæmia, 1872 p 417.
Modality of Jatropha curcas verified, a, 1872 p 291.
Mortality of children, deplorable, 1864 p 159.
Multiple lymphomata, treatment of by Arsenic, 1872 p 140.
Mumps, with metastasis, a case of, 1864 p 25.
Doryphora in, 1870 p 95.
Muscular rheumatism, Cimicifuga in, 1866 p 403.

NASAL polypus, 1865 p 220; catarrh, 1868 p 154; douche, 1873 p 272.
Nausea, Iris versicolor in, 1864 p 92.
New treatment for small-pox, 1871 p 457.
Neuralgia of head, 1864 p 93; Lebenswecker in, 1864 p 93.
oculorum, Kalmia latifolia in, 1864 p 168.
intermittent, cured by Belladonna, 1865 p 108.
facial, 1866 p 66, 1873 p 257; Phytolacca in, 1868 p 340.
Cactus g. in rheumatic, 1869 p 312; pathology of, 1869 p 457.

Neuralgia, surgery for, 1870 p 468 ; uterine, 1873 p 138.
chest, of, 1873 p 272 ; Naja tripudians in, 1873 p 574.
Night sweats, Gelseminum in, 1870 p 535.
Noises in the head, 1872 p 84.
Normal and abnormal conditions of the liver, 1873 p 515.
Nyphomania, Kali bromatum in, 1870 p 93.

OPHTHALMIA, catarrhal, 1866 p 164 ; acute catarrhal, 1866 p 467.
treatment of granular, 1867 p 256 ; ophthalmia, 1867 p 440.
granular, 1868 p 466, 1869 p 145.
Baptisia in scrofulous, 1869 p 559.
Osteo-sarcoma, 1864 p 121.
Osteomalacia, (?) 1872 p 439.
One remedy at a time, 1865 p 225.
Onanism cured by electricity, 1865 p 238.
Occipital headaches, Kali bromatum in, 1870 p 93.
Orchitis, acute, cured in twenty-four hours, 1871 p 458.
Odontalgia, Plantago major in, 1869 p 140 ; rheumatica, 1873 p 501.
Otological hints for general practitioners, 1872 p 559.
Obstruction of the bowels removed by electro-magnetism, 1869 p 558.
Occupation in the causation of skin disease, 1872 p 249.

PARALYSIS as a sequela to diphtheria, 1864 p 6; incipient, 1865 p 290.
Gelseminum in, 1867 p 255 ; vocal chords, 1872 p 517.
nerv. accessoria willisia, 1873 p 115.
agitans in consequence of rheuma. cured by Tarantula, 1873 p 502.
Palsy, Strychnia in, 1865 p 236.
Pancreatic juice, dissolving powers of the, 1864 p 174.
Pain in the side cured by Kali bromatum, 1870 p 399.
Paronychia, Nitric acid in, 1867 p 27.
Paresis of animal nerves, 1872 p 245.
Practice, use and progress of, 1865 p 120 ; notes from, 1865 p 289.
the largest consulting in the world, 1872 p 203.
Panaritium, 1871 p 57.
Prairie itch, 1868 p 340.
Paracentesis thoracis, 1865 p 238, 1866 p 228.
Paruria incontinens nocturna, a cure by a French method, 1869 p 268.
Paraphimosis, Colocynth in, 1866 p 401.
Pharyngitis epidemic, Lachesis in, 1869 p 226.
Penis, Argentum nit. in atrophy of the, 1866 p 401.
Peri-pneumonia notha, the treatment of, 1866 p 119.
Pertussis, Chelidonium maj. in, 1864 p 64.
Cuprum and Drosera in, 1864 p 80 ; pertussis, 1867 pp 27, 105.
Cuprum acet. in, 1869 p 142 ; Petroleum in, 1873 p 576.
Pleurodynia, cured by Cimicifuga racemosa, 1865 p 224.

Pneumonia, 1864 p 134; acetate of lead in, 1865 p 237.
the effect of Bryonia on the pulse in, 1868 p 478.
Veratrum viride in, 1870 p 30; therapeutics of, 1872 p 19.
Periosteal phlegmone, 1871 p 63.
Phlegmasia alba dolens, cured by Apis mel, 1867 p 123; 1868 p 221.
Pericementitis, 1867 p 403.
Pseudo-membranous croup, 1870 pp 128, 209.
Sanguinaria and Kali bich. 1871 p 235; bronchitis, 1873 p 329.
Pimpinella—noises in the head, 1872 p 84.
Phthisical persons, probable duration of life in, 1864 p 14.
Phthisis, Arsenic in, 1865 p 237; pulmonalis, is it curable, 1866 p 105, [1873 p 580.
1868 p 209, 1869 p 99, 1873 p 569; rela. of climate to, 1868 p 257.
pul. supposed case of cured by amputation of a diseased hand, sudden death in, 1871 p 342. [1868 p 427.
pulmonalis, inhalations in, 1870 p 266.
Piles and constipation, 1865 p 364.
Prolapsus ani, chronic, Podophyllum in, 1865 p 75.
Polypus, uterine, 1865 p 74; of the uterus, 1865 p 239.
Calcarea Carbonica in, 1869 p 143.
Psoriasis guttata, 1865 p 220.
Poisoning by Carbolic acid, 1870 p 31; with nitro-Glycer., 1873 p 407.
by Strychnine, report of a case of, 1872 p 78.
Progressive muscular atrophy, 1870 p 333.
Pulse and respiratory action, importance of to operators, 1868 p 137.
Purging, Iris vesicolor in, 1864 p 92.
Pustular keratitis, a clinical case of 1872 p 166.
Pruritus vulva, 1873 p 140.

RHEUMATISM, Phytolacca dec. in, 1865 p 40; articular, 1868 p 72.
Apocynum can, in, 1868 p 220; chronic, 1868 p 457.
Hyposulphite of Soda in, 1869 p 15; Iod. Potassa in, 1869 p 314.
Sticta pulmonaria in, 1872 p 162; Plectranthus fructico., 1873 p 575.
Rheumatic fever, statistics of treatment, 1865 p 235.
and neuralgia Carbolic acid in, 1873 p 470.
Reporting cases, on, 1872 p 284.
Respiratory affections of childhood, 1870 pp 128, 209, 391,
Retinitis, clinical case of, 1872 p 165. [1872 pp 355, 317, 509,
Rubeola and variola, 1871 p 430; versus do, 1873 p 466.

SMALL-POX, Sarraccenia purpurea in, 1864 pp 13, 135, 1865 p 234.
in London, 1864 p 183.
to prevent pitting in, 1865 p 234, 1868 p 137, 1870 p 253.
Veratrum viride and Macrotin in, 1865 p 293.
Baptisia in, 1866 p 224; Hydrastis can. in, 1866 p 264.

Small-pox, 1870 p 273, 1871 p 585, 1872 p 61 ; new treat. for, 1871 p 457.
suggestive facts concerning vaccination and, 1873 p 258.
Scarlatina maligna, Apis mel. in, 1864 p 42.
1869 p 144, 1869 p 554 ; scarlatina, 1870 p 313.
Arum try. in, 1864 p 179, scar. 1868 p 321, 1872 p 203.
uræmic convulsions a sequela of, 1865 p 137.
Scarlatinal croup, 1870 p 391.
Scabies, 1867 p 225, 1869 p 230 ; purulenta, 1869 p 316.
Staphyloma purulenta, 1866 p 258.
Salivation, from ether, 1873 p 309.
Salivation, Iris in, 1870 p 554.
Swamp fever, Robinia pseudo-Acacia in, 1866 p 555.
Snake bite, 1872 p 73.
Spasmus glottidis, 1868 p 517, 1870 p 36.
Speech, loss of, from Chloroform, 1870 p 528.
Sleep, Bromide of potassa in inducing, 1864 p 171.
Sleeplessness, Cactus grand. in., 1866 p 474.
Spermatorrhœa, Gelseminum in, 1866 p 259, 1869 p 142.
1866 p 560 ; Zincum ox. in, 1870 p 30 ; Selenium in, 1873 p 258.
Sciatica caused by suppressed hemorrhoids, 1868 p 428.
1871 pp 303, 427 ; Aconite in, 1871 p 383.
Stricture, a case of, with complications, 1867 p 281.
Silversmith's colic, the, 1870 p 484.
Spina bifida, 1868 p 518.
Sick headache, Robinia p. a. in, 1864 p 61 ; Iris versicolor in, 1864 p 93.
chronic, 1869 p 225 ; a remedy for, 1872 p 365.
Singultus, 1867 p 225.
Spinal meningitis, 1864 p 147 ; irritation, 1870 p 60, 1873 p 140.
cord, diseases of, 1870 p 205.
Scirrhus tumor, a case of, 1865 p 230, 1872 p 69.
general cancerous cachexia, 1869 p 408.
Skin diseases, Iris versicolor in, 1866 p 21, 1866 pp 257, 473.
Juglans cinerea in, 1866 p 551.
occupation in the causation of, 1872 p 249.
Stomach, intestines and peritoneum, diseases of, 1870 p 63.
pump superseded, 1870 p 465.
Scrofula, 1866 p 208 ; Hyposulphite of Soda in, 1869 p 15.
Scrofulous affections, 1872 p 486.
Sore throat, clergyman's, Arum Tryphyllum in, 1864 p 168.
cured by Belladonna, 1865 p 107.
Sore breasts, 1866 p 219.
Stomatitis materna, Eupatorium arom in, 1864 p 150.
Baptisia in, 1866 p 224, 1867 p 24.
ulcerosa and gangrenosa, 1867 p 256.

Sloughing of mucous membrane of intestines, 1869 p 41.
Suicidal mania—drowning, 1870 p 573, 1872 p 244.
Subcutaneous administration of quinine in ague, 1865 p 235.
Sunstroke, warm water to the head in, 1869 p 55.
1870 p 496, 1872 p 210.
Syphilis, 1869 p 518 ; on the transmission from nurse to child, 1871 p 127.
the treatment of, 1865 p 113 ; secondary, Stillingia in, 1870 p 31.
propagation of, by vaccination, 1873 p 260.
Syphilitic virus, on the transmission of, 1871 p 48.
Synovitis, acute. 1864 p 118.
Symptom, the importance of a single, 1869 p 560.

TÆNIA, 1865 p 73 ; male fern in, 1865 p 238.
cured by Filix mas., 1868 p 438 ; Curcubita pepo. sem. for, 1864 p 47.
pumpkin seed in, 1865 p 11 ; rem. by homœop. agents, 1865 p 109.
1865 p 222, 1870 p 160 ; Kousso in, 1871 p 139.
Tabes mesenterica, a case of, 1867 p 273.
Tracheitis, 1872 p 509.
Traumatic tetanus, 1870 p 178 ; fever, 1872 p 516.
rupture of the intestines, 1872 p 519.
Teething and cough, Phytollacca in, 1866 p 555.
Tetanus successfully treated with Atropia, 1869 p 230 ; 1871 pp 124, 366.
Temperature of the cranial cavity, 1872 p 17.
Testicle enlarged, 1868 p 136.
Tinea capitis, 1866 p 257 ; Graphites in, 1867 p 436.
Trismus, Cannabis indica in, 1865 p 236.
Tonsils, enlarged, Phytolacca dec. in, 1864 p 108.
Thoracic aorta, aneurism of, 1870 p 409.
Tongue, coating of, 1870 p 539 ; hard nodulated tumor of, 1866 p 460.
Toothache, impaired vision and hearing supervening, 1869 p 333.
Tumor, a case of, 1866 p 66.
Tubercle, arrest of, 1869 p 293.
Tuberculosis, 1869 p 405, 1870 p 69 ; the cause of, 1870 p 69.
and hæmoptœ, 1870 p 574 ; and cancer, 1871 p 32.
Tympanitis, Iris versicolor, 1864 p 93 ; 1870 p 263.
Typhoid fever, pathognomonic signs of, 1865 p 234.
Baptisia in, 1866 p 224, 1868 p 321.
1870 pp 113, 335, 1873 p 397 ; in England, 1872 p 83.
Typhus, two epidemics during the siege of Paris, 1871 p 428.

URÆMIC convulsions, a sequela of scarlet fever, 1865 p 137.
Urethral fever, 1865 p 238.
Ulcer dressing, Iodoform as an, 1870 p 465.
Ulcers and sores, Hydrastis in, 1864 p 180.
Permanganate of Potash in, 1864 p 167.
of the leg, Hydrastis in, 1866 p 465, 469.

Urinary difficulties, 1866 p 269.
Urticaria, sciatica and dropsy, 1871 p 132.
Urine, Chloroform as a means of detecting bile in, 1866 p 549.
VACCINATION, directions for, 1865 p 48.
Hahnemann's advice, 1867 p 63.
how to vaccinate with the scale, 1868 p 561, 1869 pp 44, 47, 197.
and vaccinators, 1870 p 422 ; (El criterio medico,) 1870 p 421, 1871 pp 431, 471, 1870 p 407 ; opposition in England, 1871 p 474.
suggestive facts concerning, and small pox, 1873 p 528.
Variola, 1866 p 364, 1871 p 430.
a new prophylactic method for, 1866 p 369.
at Philadelphia, 1871 p 543 ; Cimicifuga in, 1872 p 518.
Vertigo, Gelseminum in, 1865 p 136 ; 1867 p 225.
in open places, 1871 p 284.
Veratrum viride tongue, that, 1873 p 468.
Varicose ulcer, 1869 p 282.
Ventricle or upper vocal cords, 1871 p 379.
Vesical or urinary stammering, 1870 p 423.
Vomiting, Iris versicolor in, 1864 p 92 ; chron., Carbolic acid in, 1870 p 34.
Carbolic acid in hysterical, 1870 p 33.
WARTS, extermination of, 1865 p 292.
Whitlows, Nitric acid in, 1864 p 183.
Whooping cough, Chloral hydrate in, 1872 p 477.
Worms, Coal oil for, 1865 p 113.
Wounds, dry earth treatment for, 1870 p 548.
lead dressing for, 1871 p 19.
YELLOW FEVER, 1868 p 325.

Materia Medica.

AGARICUS in chorea, 1867 p 397.
Analysis of remedies, 1867 p 458.
Aranea diadema, 1872 p 307.
Aletris farinosa, 1866 p 225 ; in vomiting of pregnancy, 1870 p 338.
Actea racemosa, 1872 p 409.
Æsculus hip, partial proving of, 1864 p 36.
1865 pp 161. 305, 1866 pp 123, 225, 1867 p 163, 1868 p 122, [1870 p 404, 1872 p 42.
in piles and constipation, 1865 p 364, 1866 pp 65, 225, 1867 p 163

Artemisia absintheum, 1872 p 265.
Argentum nitricum in atrophy of the penis, 1866 p 401.
locally, 1871 p 237.
Arsenical poisoning, 1864 p 41.
Arsenicum. 1869 p 488.
Arsenic, ague treated with, 1871 p 584; in phthisis, 1865 p 237.
eating, 1872 p 326; multiple lymphomata, treat. of by, 1872 p 140.
Arsenuretted hydrogen, poisoning by, 1864 p 111.
Asclepias tuberosa, 1866 p 169.
two provings of the Oleo Resin, 1866 p 354,
Absinthe, epilepsy produced by, 1873 p 308.
Apis mellifica in ovarian tumor, 1870 p 474; external use of, 1870 p 474.
Ailantus, poisoning by, 1864 p 68; 1864 p 167.
Arnica in hygroma, 1870 p 294; a case of poisoning by, 1871 p 47.
Action of drugs, to be discovered, in what way is the, 1872 p 549.
Aspidin, 1864 p 15.
Attenuations, some thoughts about, 1873 pp 161, 305.
Acids, 1869 p 285; Acetic, 1869 p 387.
Alkaloids, 1869 p 392.
Aconite, Phophorus, Arsenicum and Sulphur, a comparison, 1865 p 3.
poisoning by, 1865 p 83, 1869 p 200.
and Pulsatilla, have we an indigenous, 1865 p 139.
1869 pp 14, 230, 1870 p 531.
Alcoholic impurities, test for, 1869 p 290; solutions, water in, 1870 p 299.
Alcohol and globules, pure, 1864 p 14.
Acorus calamus, 1864 p 160.
Aloes, symptoms of, 1870 p 432; in chronic diarrhœa, 1869 p 405.
Ammonium muriaticum in ovarian neuralgia, 1869 p 14.
Apocynum can., 1866 p 121, 1868 p 220, 1872 p 80; in hæmorh. 1868 p 19.
coryza or cold in the head, 1864 p 105; dropsy, 1866 pp 121, 262.
Androsemifolium, 1872 p 82; in rheumatism, 1868 p 220.
Atropine, 1864 p 8, 1872 p 230; in cerebro spinal meningitis, 1866 p 403.
Atropia, its action and uses, 1864 p 167, 1865 p 141.
Acute mania, Hydrate of Chloral in, 1870 p 536.
Adulterations, Arrow-root, 1869 p 190.
Arum try., 1868 p 122; in scarlet fever, 1864 pp 168, 179.

BAPTISIA Tinctoria, 1865 pp 163, 257, 262, 1866 pp 224, 377, 558,
[1867 p 444, 1868 pp 122, 467, 526, 562, 1871 pp 91, 415.
do in typhoid fever, 1868 p 69; lencantha, 1868 p 526.
Belladonna, 1871 p 289; and Nux vomica, 1865 p 55.
Benzoic acid in nocturnal enuresis, 1864 p 182.
Berbeerina, 1871 p 289.

Bichloride of mercury, fatal poisoning by, 1872 p 84.
methylene, death from, 1873 p 30.
Bisulphide of carbon, 1869 pp 110, 185.
Bismuth, sub. nit., 1868 p 530.
Boletus pinus, 1865 p 1 ; in obstinate intermittent, 1865 p 37.
laricis, 1865 pp 299, 302.
Boleti, 1866 p 48.
Bromide of ammonium in epilepsy, 1865 p 323.
of potassium, 1868 p 471, 1870 pp 110, 160, 396, 555.
in acne, 1870 p 289 ; epilepsy, 1871 p 433, 1872 p 15.
calcium 1873 p 134.
Bromine, 1867 p 166.
Botany, chemistry and pharmacology, 1867 p 82.
Bryonia alba, effects on the pulse by, 1868 p 478.

CALCAREA carb. in polypus, 1869 p 143 ; phosphorica, 1872 p 356.
Cactus grand., in rheumatic neuralgia, 1869 p 312 ; in bronch., 1865 p 269.
in heart disease, 1867 pp 22, 436, 1868 p 229.
1865 pp 142, 298, 1866 pp 67, 78, 220, 1867 p 395, 1869 pp 82,
in asthma and sleeplessness, 1866 p 474. [310, 312, 325.
Calendula as an external application, 1866 p 562 ; poisoning by, 1869 p 327.
Calabar in cerebro-spinal meningitis, 1873 p 476.
bean, 1865 p 141, 1873 p 134.
do eserine, the alkaloid of, 1865 p 151.
Cannabis indica, 1864 p 78 ; in trismus, 1865 p 236.
in menorrhagia, 1871 p 374.
Cantharis, 1871 p 289.
Capilla Hominis, 1868 p 421.
Caulophyllum thalictroides, 1872 pp 314, 409 ; in false pains, 1867 p 229.
Camphor, monobromide, 1872 p 478, 1873 p 140.
Carbolic acid, 1867 p pp 113, 263, 1870 pp 202, 555, 1871 pp 148, 528,
poisoning by, 1870 p 31, 1871 p 522. [1873 p 423.
in hysterical vomiting, 1870 p 33 ; in chronic vom., 1870 p 34.
in carbuncle, 1871 p 328 ; antidotes to, 1872 pp 363, 508.
medical uses of, 1871 p 455 ; with steam atomizer, 1871 p 398.
preparations, 1872 p 362.
in rheumatic and neuralgic pains, 1873 p 470.
Causticum in croup, 1873 p 271.
Castana vesca, (chestnut) 1872 p 316.
Cava piperaceæ, 1865 p 177.
Chelone glabra, 1865 p 327.
Chelidonium majus in headache, 1870 p 536, 1872 p 410.
in dyspepsia, 1873 p 313.
Ceonothus Americana, 1870 p 160.

Chemistry and pharmacology, 1869 p 48 ; the chair of, 1870 p 96.
Cell and crystal growth, 1869 p 111.
Cincho-quinine, what is it, 1873 p 444.
Cimicifuga racemosa, 1865 p 164, 1866 pp 227, 267, 1867 p 229,
[1868 pp 122, 527, 560, 1872 p 347.
in delirium tremens, 1866 p 471 ; in variola, 1872 p 518.
Cicuta maculata, 1871 p 412.
Cistus canadensis, 1864 p 122, 1866 p 68.
Chimaphila in urinary difficulties, 1866 p 269.
1868 p 123, 1872 p 354.
Coal oil for worms, 1865 p 113,
Coffee, on the metamorphosis of tissue, 1864 p 112.
Colchicum, 1869 p 323.
Collinsonia canadensis, 1866 p 297, 1872 p 410.
Cornus Florida, 1864 p 29.
Chloric ether and neuralgic pregnancy, 1866 p 88.
Chloral, 1870 pp 423, 424, 1871 pp 288, 332, 1873 p 135.
pathogenetic effect of, 1870 p 472.
relaxing power of 1870 p 422.
notes on, 1870 p 537; hydrate as a rem. in purpura, 1871 p 508.
in whooping cough, 1872 p 477 ; eaters, 1871 p 146.
poisonous dose of, 1871 p 332.
hydrate, influence of, on the pain in parturition, 1871 p 150.
Chloroform, accidents, 1864 p 157.
attempt at suicide by drinking, 1865 p 16.
in biliary calculi, 1870 p 471 ; and ether, 547.
death from, 1870 p 461, 1871 p 332 ; loss of speech from, 1870 p 528.
syncope, a remedy for, 1870 p 465 ; in parturition, 1871 p 38.
the tolerance of, 1871 p 362.
treatment in apparent death from, 1872 p 24.
Conium, contributions to the study of the effects of, 1871 p 167.
Cubebs and ague, 1868 p 219.
Cuprum acet. in pertussis, 1869 p 142.
Cundurangu, 1871 p 518, 1872 p 360, 1873 p 137.
in carcinoma, 1871 p 405.
Crust of bread, 1864 p 30.
Cryptopia, 1869 p 290.

DATURA Stramonium, 1872 p 85.
Digitaline, action of, 1864 p 185.
Digitalis, a case from prac. illustrating the curative action of, 1871 p 138.
Diodon, 1865 p 177.
Dilution, the high, theory, 1866 p 239.
Dilutions, 1864 p 93, 1865 pp 266, 313, 1869 p 540.

Dioscorea villosa, 1866 pp 357, 379, 1869 pp 68, 122, 158, 207.
villosa in infantile colic, 1873 p 328.
Drosera, 1869 p 365.
Doryphora, 1870 p 95.
Dose, the, 1864 p 17, 1866 pp 269, 382, 1867 p 372.
Drug proving, 1864 p 19.
do proper method of conducting, 1864 p 90.
in what way is the action to be discovered, 1872 p 549.
Dulcamara, 1867 p 32.

ETHER, an important physiological effect of, 1870 p 34.
as an anæsthetic, 1872 p 476 ; in England, 1873 p 64.
salivation from, 1873 p 309.
Eserine, the alkaloid of the Calabar bean, 1865 p 151.
Erigeron canadense, 1866 p 359 ; in hæmorrhage, 1872 p 79.
in gonorrhœa, 1867 p 120.
Ergotine—its action upon the bladder, 1873 p 577.
Eupatorium perfoliatum, 1865 p 164, 1866 pp 218, 404.
purpureum, 1866 pp 405, 407.
Eucalyptus globulus, (the fever tree.) 1872 p 236, 1873 p 138.
Euphorbia corollata, external poisoning by, 1866 p 550.
Eryngium aquaticum, 1864 p 185, 1865 p 180, 1866 p 361.
maritimum, 1873 p 564.
Erythroxylon coca, 1867 p 173.

FEHLING'S Solution, 1870 p 297.
Ferrum carbonicum, 1866 p 217.
Flouride of calcium, 1864 p 123.

GNAPHALIUM, 1864 p 138.
Galium aperinum, 1866 p 460.
Graphites in tinea capitis, 1867 p 436.
Gallic acid, 1872 p 523.
Gelseminum nitidum, 1864 p 87.
s. v. 1865 pp 39, 164, 1868 p 123, 1869 p 315, 1871 p 333,
on action of, 1865 p 135. [1872 pp 401, 410.
Its sedative effects, 1866 p 59 ; in miliary fever, 1866 p 557.
in paralysis, 1867 p 255 ; croup, 1867 p 256 ; intermit., 1867 p 437.
in dysentery, 1867 p 444 ; gonorrhœa, 1868 p 286.
in spermatorrhœa, 1869 p 142 ; galvanism an antid. to, 1870 p 32.
in night sweats, 1870 p 535 ; poisoning with, 1871 p 330.
in acute mania, 1873 p 474.
Geranium maculatum, 1872 p 413.
Glonoine, 1864 p 26, 1869 p 188 ; in headache, 1873 p 477.
Guarana, 1872 p 434.

Glycerine, pure, 1867 p 83; for anatomical specimens, 1870 p 112.
solvent powers of, 1871 p 330; lymph, 1871 p 503.
anhydrous, 1871 p 528; test, 1872 p 236.

HAMAMELIS Virginica, 1865 p 165.
Virginica, 1865 p 241, 1866 p 30, 1868 p 123, 1872 p 410.
do phlegmasia alba dolens, 1868 p 221.
uterine hæmorrhage, use of, 1870 p 521.

Helonias dioica, 1871 pp 139, 178.
a contribution to the pathogenesis of, 1873 p 39.

Helonin, 1873 p 55.

High dilutionists in England, 1870 p 253.

Hydrate of chloral, 1870 p 293. 1871 p 147, 1871 p 332.
in tetanus, 1870 p 471; acute mania, 1870 p 536.
and some effects of in insanity, 1871 p 140.

Hydrastis canadensis, 1865 pp 166, 232, 1866 p 516, 1867 p 492,
accidental proving of, 1866 p 266. [1868 p 124.
in jaundice, 1866 p 462; in cancer, 1866 p 463.
constipation, 1866 p 464, 1873 p 254; ulcers of the leg, 1866 p 463.
organic diseases of the heart, 1867 p 21; in dyspepsia, 1873 p 319.

Hyphophosphite of lime in abscess, 1869 p 277; of soda, 1869 p 15.

IBERIS amara, 1872 p 47.

Iris versicolor, 1864 p 92, 1865 p 166, 1866 p 473, 1868 p 124, 1872 p 411.
in skin diseases, 1868 p 134; salivation, 1870 p 554.

Iodine, prophylactic power of, in infinitesimal quantities, 1864 p 27.
investigations touching the use of, 1864 p 28.
production of, 1871 p 333.

Iodoform as an ulcer dressing, 1870 p 465; use of, 1872 p 90.

JATROPHA Curcas verified, a modality of, 1872 p 291.

Juglans cinerea, 1866 p 547, 1867 p 161, 1870 p 111, 1871 p 174.
in skin diseases, 1866 p 551.

KALI Broma., 1866 p 122, 1870 pp 85, 93, 241, 274, 396, 399, 555, 556.
in occipital headache, 1870 p 93; in nymphomania, 1870 p 93.
bichromicum poisoning by, 1868 p 468; in dyspepsia, 1873 p 313.
chloricum in open carcimona, 1873 p 310.

Kaolin, 1871 p 128.

Kalmia latifolia in neuralgia oculorum, 1864 p 168.

Kousso in tape worm, 1871 p 139.

LACHESIS, 1865 p 138, 1867 p 167.
in threatened gangrene, 1867 p 64.

Lead upon the uterus, on the action of, 1871 p 529.

Lilium tigrinum, 1870 p 346, 1871 pp 39, 186, 239, 263, 304, 397.

Lobelia cerulea, 1872 p 473.
Low dilutions, 1865 p 313.
Lycopus virginicus, 1873 p 89.

MATERIA Medica comparisons,
Aconite, Cactus, Gelseminum, [1869 p 119.
a plea to all colleagues to aid in the elaboration of a clinical,
[1869 p 367.
a plea for more practical simplicity in our, by Chas. J. Hempel,
Maruta cotula, 1872 p 47. [1869 p 482.
Medicinal plants, the influence of cultivation upon, 1864 p 150.
agents, the relative importance of, 1873 p 14.
Medicine, the chemistry of, 1870 p 46; domestic, 1865 p 356.
Mercury, metallic, in the joints, 1865 pp 17, 52.
Mercurius corrosivus, 1868 p 470; in albuminuria, 1870 p 411.
cyanide, 1869 p 327.
Methylene, death from bichloride of, 1873 p 30.
Medicinal use of wines and liquors, 1864 p 69.
Monobromide of camphor, 1872 p 478.
Morphia, effects of an overdose, 1864 p 169.
the salts of, 1867 p 393; poisoning by, 1872 p 468.
Myrica cerifera, 1866 p 508, 1868 p 9.

NAJA Tripudians, 1869 p 168; in neuralgia, 1873 p 574.
Narcotics, mutual antidotal properties of, 1865 p 236.
New Remedies, 1866 pp 24, 402, 1867 p 257, 1869 pp 491, 583.
Nicotine, 1864 p 13 [1871 p 288, 1872 p 409.
Nitrate of silver, milk an antidote for poisoning by, 1871 p 414.
of amyl, 1871 pp 188, 342; of uranium, 1866 p 29, 1872 p 413.
Nitro-glycerine, (glonoine,) 1864 pp 26, 27.
Nitrous oxide anæsthesia, 1870 p 178; gas, 1864 p 30.
Nitric acid in diphtheria, 1867 p 399, 1868 p 514.
Nostrums, 1869 p 188.
Notes on the *New Remedies*, 1865 p 161.
special therapeutics, 1869 p 14, 1870 pp 471, 535.
Nux vomica, 1866 p 520.
Nymphœa odorata, 1870 p 202.

OPIUM, a large dose of, 1865 p 238; habit, 1871 p 54.
Œnanthe crocata, 1867 p 70.
Oniscus armadilla, (millepede,) 1872 p 312.
Oxygen, action of, 1865 p 18.

PATHOGENETIC and clinical notes, 1870 p 30.
Plantago major in odontalgia, 1869 p 140; cordata, 1871 p 560.
Pharmacopœia, on the urgent need of a new homœpathic, 1867 p 445.

Pharmaceutic processes. 1873 p 545.
Plectranthus fructicosus for rheumatism, 1873 p 575.
Permanganate of potash, 1865 p 295, 1866 pp 345, 474,
[1867 pp 62, 165, 356, 358, 359.
Petroleum, a case of poisoning by, 1865 p 363.
in chronic diarrhœa, 1867 p 436 ; exub. granulations, 1869 p 224.
coal oil symptoms, 1869 p 368; in pertussis, 1873 p 576.
Ptelia trifoliata, 1867 p 379, 1868 p 376, 1872 p 495.
Pilea (?) pumila, 1872 p 46.
Phosphate of soda, 1868 p 134.
Phosphide of zinc, 1872 p 479,
Phosphorus, dietical properties of, 1864 p 158, 1866 p 42.
poisoning by, 1865 p 240 ; effects of, 1869 p 131.
on the organism, the influence of, 1872 p 481.
Potencies, attenuations and high potencies, 1865 pp 15, 51, 1869 p 105.
high and low, 1866 p 274.1870 pp 197, 402.
Podophyllum peltatum, 1865 p 168, 1868 p 122, 1872 p 411, 1873 p 345.
in chronic diarrhœa, 1867 p 437.
Podophyllin, 1868 p 561, 1869 p 201, 1870 p 474.
Polygonum hydropiper, 1865 p 181.
Provers, suggestions to, 1867 p 460.
Provings, an omission in our, 1870 p 443 ; on provs., 1865 pp 205, 269.
Polyporus officinalis, 1868 pp 57, 116, 187, 481.
pinicola, 1868 pp 57, 268, 278.
Potentiating, Fincke's process of, 1872 p 8.
Protoxide of nitrogen, preparation, administration of, 1864 p 11.
Pulsatilla, characteristics, 1868 p 41 ; Nutt, 1868 p 124.
what the eclectics think of, 1869 p 489.
in obstetrics, 1870 p 126 ; in mal-presentations, 1870 p 252.
Phytolacca dec, 1864 p 51, 1865 pp 39, 167, 1868 pp 124, 283.
octandra, 1865 p 177 ; dec. in teething and coughs, 1866 p 554.
dec. in stomatitis ulcerosa and gangrenosa, 1867 p 256.
do mastitis, 1868 p 77, 1873 p 562 ; in neuralgia, 1868 p 340.
do laryngismus stridulus, 1869 p 141.
Physiological action of remedies, 1867 p 9.

QUILLAIÆ Saponaria, 1865 p 177.
Quinine, an ounce administered by mistake, 1865 p 54.

RANUNCULUS bulbosa in cerebro-spinal meningitis, 1873 p 471.
Ratanhia, fissured anus cured by, 1873 p 255.
Relative importance of medicinal agents, 1873 p 14.
Remedies, importance of our indigenous, 1864 p 66, 1866 p 457.
action of, 1867 p 168.
Remedy, the single, 1867 p 433.

Robinia pseudo acacia, 1864 p 61, 1865 pp 271, 327, 1866 p 555,
[1867 p 277, 1868 p 24, 1872 p 411.
a case of chronic disease cured by, 1867 p 277.
Rhus venenata, 1865 p 65; vernix, 1868 p 474.
toxicodendron, 1865 pp 298, 355.
do fistula in ano cured by large doses of, 1866 p 561.
in poisoning, sulphate of soda an antidote to, 1869 p 55.
in lumbar pain, 1873 p 258.
Rumex crispus, 1865 p 169.

STRAMONIUM poisoning, 1869 p 366.
datura, fragmentary proving of, 1872 p 85.
Sanguis draconis, or dragon's blood, 1865 p 294.
Saccharum album, 1868 p 113.
Sanguinaria and kali bichromicum in pseudo membran. croup, 1871 p 235.
canadensis, 1868 p 467, 1872 p 412.
Santonine, physiological effects of, 1869 p 17.
anomalous case and its cure by, 1872 p 169.
Sarracenia purpurea, 1870 p 33, 1871 p 467.
Svapnia, 1869 p 112.
Sedative action of calomel in disease, 1870 p 425.
Selenium in spermatorrhœa, 1873 p 258.
Senecio gracilis, 1872 p 412.
Senega, 1869 p 22.
Secale for inertia of the uterus, 1870 p 513.
Sepia in dyspepsia, 1873 p 321.
Sesqui carbonate of potassa, 1869 p 489.
Silico-flouride of calcium, 1867 p 489.
Skim milk, 1871 p 497.
Stillingia sylvatica, 1867 p 247, 1870 pp 31, 537.
Sticta pulmonaria, 1864 p 37. 1872 p 412, 1873 p 596.
in rheumatism, 1872 p 162.
Strongylus-gi gas, 1871 p 9.
Solanum nigrum, 1869 p 18.
Solutions in distilled water, 1873 p 550.
in alcohol—tinctures, 1873 p 550.
Scrofularia marilandica, 1867 p 28.
Sugar, 1869 p 317; practical test for, 1869 pp 108, 538.
in urine, 1873 p 551.
Sulpho-carbolates, 1871 p 288; carbolate of calcium, 1871 p 288.
of iron, 1871 p 288.
Sulphate of nickel, 1872 p 548.
Sulphuric acid, 1865 p 239.
Sulphur as a remedy for neuralgia and intermittent fever, 1870 p 83.
homœopathic to itch, is, 1869 p 553.

Sumbul, 1872 p 541.
Symphytum in uterine hæmorrhage, 1868 p 519.
Symptom, importance of one small, 1865 p 218.
Strychnia, 1865 p 177; in opium poisoning, 1873 p 328.

TARANTULA, 1870 p 32, 1872 p 143, 1873 p 138.
paralysis agitans in consequence of rheuma. cured by, 1873 p 502.
poison of the, 1870 p 32.
and some of its verifications, 1872 p 424.
Therapeutics, scraps of, 1866 p 400.
notes on special, 1870 pp 471, 535.
Triosteum perfoliatum, 1867 p 69, 1871 p 90.
Trillin and nitric acid in uterine hæmorrhage, 1868 p 514.
Triturated tinctures, 1866 p 136.
Tobacco, effect on the health, 1864 pp 12, 13.
influence of on diseases of nerve centres, 1872 p 52.
Tupa-kihi, 1865 p 177.

URTICA Urens, annual symptoms from poisoning by, 1871 p 522.
Ustilago madis, 1867 p 170, 1868 pp 305, 361, 1869 p 328, 1871 p 497.
in dysmenorrhœa, 1870 p 412.

VERATRUM Viride, 1868 p 466, 1870 p 30, 1873 pp 110, 255.
in pneumonia, 1870 p 30; tongue that, 1873 p 468.
Verbena hastata, 1873 p 16.

XANTHOXYLUM Fraxineum, 1872 p 413, 1873 p 11.

ZINC, Phosphide of, 1872 p 479.
Zincum oxydatum in spermatorrhœa, 1870 p 30.
met. and cuprum met., 1870 p 295.

Surgery.

ARM, Injury in a threshing machine, of the, 1868 p 430.
of the, 1868 p 433.
Anæsthesia local, 1865 p 141.
Anæsthesia, 1867 pp 153, 241; by ether spray, local, 1867 p 245.
nitrous oxide as an, 1866 pp 166, 238 1870 p 178.
Anæsthetic, bichloride of methylene, a new, 1868 p 227.
another, 1869 p 569, 1870 p 467; use of, 1873 p 295.
agents, 1873 p 299; ether as an, 1872 p 476.

Abscesses, drainage coil for, 1871 p 19.
Abscess, cure of, 1867 p 244; of the antrum, 1868 p 230.
hypophosphite of lime in, 1869 p 277.
Adhesive plaster, to remove, 1873 p 624; new, 1867 p 242.
Artery ligatures, 1868 p 81.
Arteries, torsion of, 1868 p 80.
Atlee's new ovariotomy clamp, 1871 p 453.
uterotome, 1871 p 499; dilator, 1871 p 500.
Aneurism, curable without ligature of the artery, 1868 p 135.
cured by compression, 1873 p 84; treatment of, 1873 p 303.
complete compression for, 1873 p 298.
Aneurismal tumor, congenital, 1873 p 30.
Aids for the diagnosis and treatment of certain diseases, 1871 p 359.
Antiseptic treatment of wounds, 1868 p 32; of injuries, 1868 p 80.
Artificial sponge, 1869 p 294; pupil, 1870 p 465; amnion bag, 1873 p 300.
ischæmia in operations, 1873 p 625.
Articular resections following gunshot wounds, 1864 p 82.
Amputation operation, new single oblique flap, 1869 p 113.
treatment of arteries after, 1872 p 138.
of cervix uteri for hypertrophy and procidentia, 1873 p 238.
Abuse of the speculum, 1872 p 161.
Abdominal fistula, 1871 p 314.
Auditory meatus, illumination of the, 1868 p 181.
Acutorsion and torsion of arteries, 1872 p 138.

BLADDER, removal of a bougie from the female, 1864 p 184.
Battery described, 1873 p 74; Stœhrer's galvanic, 1872 p 103.
Bandage, new form of, 1865 p 353; a new suspensory, 1864 p 112.
Bone, regeneration of, 1864 p 174.
Bony anchylosis of the elbow joint, 1870 p 424.
Burns, on the use of earth in, 1871 pp 314, 343.
Burns and scalds, 1872 p 164; burn, extensive, 1871 p 227.

CANCER, notes on, 1865 p 182; 1866 p 31.
diagnosis, prognosis and treatment of, 1866 p 32.
Catheters and bougies, superiority of vulcanized caoutchouc for, 1864 p 48
Catheterism in aged men, danger of, 1873 p 300.
Charcoal as a substitute for lint, 1865 p 76.
Cæsarean section under local anæsthesia, 1867 p 157.
Carbonized catgut in hernial operations, 1872 p 67.
Calculi, biliary and renal, 1869 p 276.
Carbuncle, carbolic acid in, 1871 p 328.
Cataract and its surgical treatment, 1870 p 22.
Clavicle, a simple dressing for fracture of the, 1871 p 456.
fracture or dislocated, 1868 p 422, 1873 p 303.

Carcinoma of uterus, 1873 pp 125, 184; of cervix, 1873 p 127.
Chassepot gun, effects of, 1870 p 577.
Cleft palates, operations for, 1872 p 155.
Circumcision, 1873 p 540.
Chloroform accidents, 1864 p 157.
death by, 1867 p 158, 1870 p 461; mortality, 1868 p 429.
Chloral, contra indications for the employment of, 1870 p 423.
relaxing power of, 1870 p 422.
Contusions and wounds of abdomen, 1870 p 545.
Colotomy, 1868 p 525.
Cornea, foreign bodies in the, 1869 p 513.
Cotton as a substitute for lint, 1870 p 576.
Compression of the uterus, 1871 p 501.
Compound fracture of the tibia and fibula, 1871 p 312.

DILATING Operation, 1870 p 423.
Dislocation of the inferior maxillary, reduction of, 1868 p 186.
Dorsal luxation of the thumb, 1871 p 433.
Dysmenorrhœa, operations for, 1865 p 239.
Dry earth treatment for wounds, 1870 p 548.

EARS, syringing the, 1873 p 301.
Earth as a dressing in severe burns, on the use of, 1871 pp 314, 343.
Ear scoop, the, 1871 p 359.
Ecraseur rectilinear, 1872 p 301.
Electric cautery in uterine surgery, clinical notes on the,
1873 pp 67, 123, 179, 235, 343.
Ether, an important physiological effect of, 1870 p 34.
Elevation of depressed cranial bone by pneumatic traction, 1873 p 300.
Enterotomy, 1869 p 568.
Electricity in cancer, 1871 p 454.
Epithelioma of cervix uteri, 1873 p 129; vegetating, 1873 p 130.
do involving the whole cervix, 1873 pp 181, 182.
Epistaxis, 1868 p 136.
Epidermic grafting, 1871 p 23,
Excision of knee joint, 1873 p 304.
Extirpation of the entire larnyx, 1870 p 465.
Endoscope, the, 1868 p 78; new, 1869 p 9.
Echoscope, the, 1871 p 361.
Ergotine injections into varicose veins, 1873 p 298.
Erysipelas and suppurative inflammation of the joints, 1871 p 366.

FRACTURES, the treatment of, 1864 p 81, 1873 p 19.
connected with the upper extremities, 1873 p 23.
of the femur, 1866 pp 163, 477, 1873 p 302.
of the sub-maxillary bone, compound, 1868 p 435.

Fractures, compound comminuted, 1869 p 272 ; bandages, 1869 p 277.
of the head of the humerus, a new appar. for dressing, 1869 p 333.
of the olecranon process, new mode of dressing, 1869 p 334.
of the lower end of the radius, 1873 p 24.
Fractured clavicle, 1873 p 303.
Felon, treatment of, 1865 p 297.
Femur, impacted fracture of the, 1866 p 163.
Finger nail, diseased, 1873 p 87.
Fibroid polypus of the uterus, 1873 p 192.
Fistula in ano, treatment without the knife or ligature, 1866 p 152.
cured by a ligature, 1868 p 436, 1869 p 274.
Foreign bodies in the eye, singular case of, 1868 p 522.
Foot, injury of the, 1868 p 432.
Fundus oculi, a simple mode of examining the, 1866 p 168.

GAG, Smith's, 1869 p 511.
Gangrene, cases of traumatic, and their treatment, 1866 p 233.
important case of, 1868 p 73,
Galvano-caustic, surgical operations with 1869 p 11.
Grafting with rabbit skin, 1872, 470.
Granulations, petroleum in exuberant, 1869 p 224.
Gastro-hysterotomy, 1872 p 324.
Goitre, 1869 p 335.
Gunshot wound, a case of, 1866 p 475 ; of the head, 1871 p 313.
spontaneous cure of a wounded arteria brachialis divided by a, [1873 p 576.

HÆMORRHAGE during operations, Esmarch's prevention, 1873 p 631.
Hair lip pins, Dr. Gurdon Buck's needle for passing, 1872 p 160.
Heart, tumor of the, 1868 p 565.
Hernia, ether spray in strangulated, 1867 p 158.
of infants, umbilical, 1869 p 276 ; the radical cure of, 1869 p 330,
anatomy of oblique inquinal, 1869 p 562.
oblique inquinal, 1871 p 227.
case of strangulated inquinal, 1871 p 362.
remarks on the treatment of recent irreducible, 1871 p 125.
Hip joint disease, continued extension for, 1869 p 568.
Hoppe-Seyler's analysis of fluids in arthritis deformans, 1872 p 519.
Homœopathic surg.—what is it? 1872 p 25 ; homœo. and surg., 1872 p 28.
Hypodermic surgical diagnosis, 1870 p 466.
Hypospadias, a case of, 1869 p 467.
Hydrorachis, 1866 p 165.

INTER-Pelvic fibroid, third operation on the same patient, 1873 p 240.
Intestines, traumatic rupture of the, 1872 p 519.
Interstitial fibroid, 1873 p 87.

Interesting surgical cases, 1871 p 311.
Incisions of os uteri in case of premature labor, 1865 p 300.
Ingrowing toe nails, treatment of, 1872 p 35.
Injuries, domestic treatment of severe, 1866 p 564.
Instrument for throwing spray into the middle ear, 1872 p 201.
LACHRYMAL Catheter, 1871 p 353.
Laryngoscope, descriptions of, 1864 p 79, 1872 p 63.
Laryngoscopy made easy, 1870 p 235, 1872 p 63, 1872 p 303.
Laryngeal throat mirrors, 1872 p 64.
forceps for foreign bodies, new, 1871 p 24.
Larynx, extirpation of the entire, 1870 p 465.
Large fibro-cellular polypus of the cervix, 1873 p 235.
Ligatures, separation of in operations, 1865 p 15; catgut 1869 p 568.
Lightning as a surgeon, 1869 p 13.
Lint, cotton as as a substitute for, 1870 p 576.
Lithotrity, 1871 p 19.
Lymphorrage, 1869 p 237.
MALE Bladder, tapping the, 1870 p 181.
Metacarpal bones, 1873 p 24.
Methylene, death from bichloride of, 1873 p 30.
Minor surgery, importance of, 1868 p 26.
Mouth speculum, Whitehead's, 1872 p 155.
Muscæ volitantes, diagnosis of, 1869 p 566.
Multiple lymphomata treated by Arsenic, 1872 p 140.
Myringomykosis, 1868 p 182.
NEURALGIA, Surgery for, 1870 p 468.
Necrosis, 1871 p 233.
Nitrous oxide gas, death from, 1871 p 329.
Nose, removing a foreign body from the, 1873 p 133.
OPACITIES of the cornea, to tint, 1873 p 301.
Opthalmoscope, the general practitioners use of the, 1868 p 179.
Oakum and carbolic acid as an antiseptic dressing, 1871 p 327.
Ozœna treated surgically, 1873 p 299.
Ovariotomy, statistics of, 1865 p 239; successful, 1870 p 178.
1865 p 43, 1871 pp 453, 501; clamp, 1872 p 255.
Operations, death from capital, 1868 p 136.
on the results of capital, before and after anæsthetics, 1871 p 126.
Operation, novel, 1870 p 468.
sudden death from shock during, 1872 p 515.
Osteo-sarcoma, 1864 p 121.
Obstetric surgery, novel case in, 1871 p 440.
PARASITES in vaccine lymph, 1869 p 13.
Paracentesis thoracis, 1866 p 228; do pericardii, 1870 p 28.

Perigoff's operation modified, 1869 p 236.
Precautions to surgeons, 1871 p 25.
Pessary retained seventeen years, 1872 p 264; four years, 1872 p 264.
Pregnancy, necessity of abstaining from surg. proc. during, 1872 p 465.
Procidentia uteri, 1873 p 300.
Polypi, nasal, 1868 p 184.
Powder insufflator, 1872 p 66.
Pulse and respiratory action, importance of examining the, 1868 p 137.
RECTUM, new method of treatment of stricture of the, 1872 p 207.
Recto-vaginal fistula, case of, 1867 p 312.
Rhinoscope, 1870 p 29; rhinoscopy, origin of, 1870 p 424.
SCARIFIER, throat, 1872 p 66.
Staphyloraphy or velo-synthesis, 1869 p 505; in children, 1872 p 137.
Scald cured by cotton dressing, 1869 p 235.
Speculum for the eye, an improved, 1866 p 168.
and retractor, combined wire, 1870 p 204.
Dr. Speir's self-retaining and self-illuminating ear, 1871 p 329.
abuse of, tinkering the uterus, 1872 p 161; mouth, 1872 p 155.
a suitable, 1873 p 78.
Splenotomy, 1868 p 525.
Screw hook for removing foreign bodies, 1870 p 239.
Sessile intra-uterine fibroid, 1873 p 191.
Stilletto swallowed, 1870 p 110.
Singular case of experimental surgery and its result. 1870 p 546.
Single flap operation in amputation of the leg and thigh. 1871 p 454.
Stone in the female bladder removed by dilatation, 1870 p 496.
Stomach pump superseded, 1870 p 465.
Suicide, cases of, 1871 p 548.
Surgeons, a precaution to, 1871 p 25.
army, as privileged non-combatants, 1870 p 496.
do students, 1870 p 501.
Surgical diagnosis, 1870 p 468; instruments, the preserva. of, 1871 p 442.
case, 1866 p 477, 1867 p 159; instruments exhumed, 1868 p 437.
poisoning, 1871 p 15; reminiscences, 1872 p 137.
Surgery in Scotland, ancient state of. 1866 p 42.
in the hands of homœopaths, 1866 p 564.
some new appliances in, 1870 p 305; of our insti'ns. the, 1871 p 443.
modern French, 1870 p 463.
Suture, a peculiar, 1868 p 81.
Synovitis, acute, 1864 p 118.
Syphilis and Gonorrhœa, an algoid growth the cause of, 1868 p 80.
contracted from cigar stumps, 1868 p 81.
and gonorrhœa, alcoholic liquors predisposing to, 1869 p 181.
Syphilitic virus, the localization of the, 1869 p 205.

TAXIS, how to perform it, 1869 p 276.
Transfusion, three cases of, 1872 p 470.
Trachea, removal of foreign bodies from the, 1868 p 183.
Tetanus successfully treated with Atropia, 1869 p 230.
traumatic, 1870 p 178.
Thermometers, Seguin's medical, 1872 p 204.
Tents in dressing abscesses, substitute for, 1865 p 141.
Testicle, enlarged, 1868 p 136.
Tibia, resection of the, 1866 p 38; trephining the, 1871 p 119.
reproduction of the, 1871 p 500.
Thoracantesis in pleuritic effusion, 1865 p 14.
Tumors, electrolytic action of continuous electric current, 1873 p 302.
on the removal of subcutaneous, without hæmorrhage or loss of skin,
utero-ovarian, 1871 p 324. [1871 p 124.
UTERINE Operations, instruments for, 1872 p 109.
Urethral stricture, 1870 p 546.
Uterus, extirpation of the, 1870 p 253.
Ulcers, local application for unhealthy, 1868 p 525; varicose, 1869 p 282.
dyscrasic, 1869 p 477; of the leg, 1873 p 301.
iodoform as a dressing for, 1870 p 465.
Urethra, self incision for the relief of the stricture of the, 1865 p 223.
VAGINAL Speculæ, improved, 1870 p 178.
Varicocele, 1869 p 234; treated without operation, 1870 p 422.
Veins, introduction of air into the, 1865 p 20; varicose, 1869 p 282.
ergotine injections into. 1873 p 298.
WOUNDS, pneumatic treatment of, 1868 p 34.
Hamamelis in the treatment of, 1868 p 524.
novel mode of dressing, 1870 p 177; new plan of dress., 1872 p 72.
dry earth treat. for, 1870 p 548; lead dressing for, 1871 p 19.
Wry neck, 1869 p 334.
Whitlows, nitric acid in, 1864 p 183.

OBSTETRICS
AND
Diseases of Women and Children.

ANTEVERSION, 1866 p 63, 1868 p 170.
Atrophia infantum, 1866 p 219.
Abortionist, 1872 p 38; see *Fœticide.*

Abortion, criminal, 1864 p 40, 1867 p 288, 1872 p 36, 1873 p 435.
unusual case of, 1865 p 301 ; Cimicifuga in threatened, 1865 p 325.
medical jurisprudence of, 1872 p 216.

BABIES' Legs, 1870 p 500.

Bronchitis, acute. 1873 pp 31, 152 ; capillary, 1873 p 212.
chronic, 1873 pp 424, 485, 527.

CANCER of the left ovary, 1868 p 21.

Cellulitis, pelvic, 1869 p 428.

Child, living weighing only 24 ounces, 1870 p 204.

Colpeurynter, uses of the, 1866 p 506.

Coryza, acute, 1869 p 249.

Cow's milk for infants, 1871 p 337.

Croup, 1869 pp 523, 526, 1870 p 128.

DIARRHŒA of children, chronic, 1865 p 213.

Diseases of the respiratory organs of childhood, 1869 pp 306, 353.
1870 pp 128, 209, 391, 1872 pp 317, 355, 447.
1873 pp 31, 152, 212, 329, 424, 485, 527.

Diphtheritic croup, 1872 pp 317, 355, 447.

Dysmenorrhœa, 1865 p 239, 1868 pp 363, 364. 365, 1870 p 412.
with inflammation and ulceration, 1873 p 559.

ECCLAMPTIFORM Paroxysms, ætiology of, 1873 p 202.

Ergot, the use by midwives prohibited. 1873 p 309.

FALLOPIAN Tubes, the pathological anatomy of the, 1873 p 436.
distension of the, with mucus or serum, 1873 p 438.

Fœtal femur imbedded in uterus, 1872 p 514.

Fœtal, or mother's marks, 1871 p 311.

Fœticide, 1864 p 53, 1865 p 369, 1869 p 200, 1872 p 445.

Forceps, frequency of use of, 1870 p 127 ; substitute for the, 1871 p 458.
on the application of the long, 1871 p 224.

GESTATION, duration of, 1871 p 451.

Globe pessaries retained four and seventeen years, 1872 p 264.

Glottis, spasm of the, 1869 p 353.

HÆMORRHAGES, nitric acid and trillin in uterine, 1868 p 514.
symphytum in uterine, 1868 p 519.

Hermaphrodite, a genuine, 1868 p 569, 1869 pp 49, 257, 467, 468.

Hermaphroditism, lateral, 1868 p 521.

JAUNDICE of new born children, 1873 p 294.

LABOR, neuralgic, and paralytic affec. following precipitate, 1866 p 532.
the determining cause of, 1872 p 258.
on the use of forceps in, 1871 pp 224, 437.

Lactation, 1869 p 502.
Laryngitis, acute catarrhal, 1869 p 306; œdematous, 1869 p 423.
Leucorrhœa, 1868 p 368, 1873 p 194; causes of, 1873 p 197; infan. 1873 p 209.
Mammæ, inflammation of the, 1865 p 138.
Mammary abscess and mastitis, prevention of, 1869 p 43.
Mastitis, prev. of, 1869 p 227; Phytolacca in, 1873 p 562.
Malpractice, 1870 p 356; malpresentations, Pulsatilla, in 1870 p 252.
Menstruation, prol., 1866 p 275; commences, age at which, 1870 p 555.
Menstrual retention and early preg., differential diag. of, 1868 p 520.
Metrorrhagia, 1868 p 361, 1869 p 228; menorrhagia, 1868 p 362.
Mental over the physical, influ. of the, 1870 p 433.
Menopausis, 1868 p 373.
Midwife, a venerable, 1869 p 54; midwifery, meddlesome, 1870 p 124.
Monstrosity, a, 1869 p 280; mumps and metastasis, 1864 p 25.
Neuralgic pregnancy, chloric ether and, 1866 p 88.
Ovarian dropsy, 1867 p 251; tumor, 1868 p 367, 1870 p 474.
irritation, 1868 p 367; congestion, 1868 p 426; neuralgia, 1869 p 14.
and uterine disease, 1872 p 39.
Ovaritis, 1868 p 366, 1872 p 132.
enlargement, 1870 p 556.
Ovariotomy, 1869 p 115, 1870 p 178, 1871 p 453, 501.
Obstetrical forceps, 1869 pp 283, 398; clinics, 1871 p 535.
Obstetrics, rep. on, 1865 p 208; Pulsatilla in, 1871 p 126; ex. in, 1871 p 222.
Obstetric surgery, a novel case in, 1871 p 440.
PRACTICAL suggestions, 1872 p 539
Placenta retained, 1872 p 433.
Parturient women, diet of, 1871 p 223.
Parturition, influ. of Chloral on, 1871 p 150; Chloroform in, 1871 p 38.
Pregnancy, Aletris in vom. of, 1870 p 338; possible dura. of, 1870 p 542.
without menstruation, 1871 p 223; in the aged, 1873 p 563.
Presentation of the arm, 1869 p 83.
Perineum during labor, on the management of the, 1871 p 215.
Pelvis, one cause of deformed, 1868 p 513.
Pertussis, 1864 pp 64, 80.
Precocity, a singular case of, 1865 p 22, 1869 p 336.
Pessary, a new, 1868 p 138; the value of the, 1868 p 161.
Pseudo-membranous bronchitis, 1873 p 329.
Prolapsus, Podophyllum in chron, 1865 p 75; of the blad. in lab. 1869 p 379.
uteri, 1866 p 470, 1868 p 168.
Post partum binders, the use of, 1873 p 506.
Profess. nonsence, '69 p 284.
Polypus, uterine, 1865 p 75, 1865 p 239.
Purpura, chloral hydrate in, 1871 p 508.

Puerperal convul, Stramonium in, 1869 p 255 ; Veratrum vir.in,1868 p 466.
1870 p 122, 1873 pp 203, 211, 393 ; fever, 1873 p 205.
melancholia, 1873 p 210; peritonitis, 1868 p 370.
Pruritus vulvæ, 1873 p 504.

RETROVERSIO Uteri, 1866 p 400, 1868 p 169.
error of diagnosis in a case of, 1873 p 292.
Retroflexion, causing severe dysmenorrhœa, 1868 p 171.
Remenstruation by the breasts at advanced age, 1873 p 408.

SPECULUM examinations, 1873 p 38.
Specialities, 1873 p 563.
Schirrus, a case of uterine, cured without medicine, 1868 p 423.
Soap and lard, their relative value in the toilet of the neonatus,1873 p 561.
Suppressio mensium, 1868 p 366.

TRIPLETS, a case of, 1871 p 220.
Tuberculosis of the uterus, 1873 p 293.
Tumor of the breast, 1868 p 461.
UTERO abdominal sup., 1868 p 177, 1869 p 398. ovar tumor,1871 p 324.
Uterine hæmorr. Trillium pend in, 1864 p 30 ; Apocy can. in, 1864 p 105.
1864 p 117 ; hæmor, Hamamelis in, 1870 p 521; tumor. 1867 p 438.
operations, 1872 p 109 ; disease, 1872 p 117; neuralgia, 1873 p 138.
displacements, 1872 p 273, 1868 p 172 ; atony, 1873 p 55.
Uterus and ovaries, successful removal of the, 1866 p 532.
inversion of the, chronic, 1868 p 222, 1869 p 381.
glycerine in glandular engorgements and ulcera. of, 1868 p 375.
Secale in inertia of, 1870 p 513 ; the act. of lead upon, 1870 p 529.
malig. dis. of the, 1871 p 38 ; ulcera. of the, 1872 pp 119, 121, 125.

VAGINAL Speculum, improved, 1867 p 160, 1870 p 178.
Vagina, on air in the, 1871 p 224.
Variations in women's milk, resulting from insufficient food, 1873 p 507.
Version, combined external and internal, 1873 pp 289, 433.
WOMAN with four breasts, 1871 p 503.

Physiology, etc.

ANATOMY, how to teach, 1865 p 49, 117.
Absorption and diffus. 1868 pp 143, 409; of light by photofilm, 1873 p 396
Albumen obtained from milk, 1873 p 526.

BRAIN, the human, 1866 p 537; weight, 1871 p 392.
action and rest of the, 1873 p 395; exhaustion, 1873 p 621.
Beale on the cell and Clark on the egg, 1869 pp 35, 153.
Biological problem of to-day and how it is being worked out, 1871 p 459.
Blood corpuscles, 1868 p 141; fermentation of the, 1869 p 186.
microscopical diagnosis of, 1871 p 504.

CRANIAL cavity, temperature of the, 1872 p 17; Circulation, 1868 p 145.

DEAD Man, a word for, 1872 p 295; Dental physiology, 1868 p 233.
Diet, 1864 p 111, 1867 p 108, 1871 p 223, 1873 p 543.
Disease, essential nature of, 1870 p 436.

EATING frequency of, 1868 p 208; Etiology of phthisis, 1869 p 99.
Embryo heart, the, 1868 p 218.

GERM theory, 1871 p 465.

LIFE, art of prolonging, 1868 p 262.
Lungs, respiration, temperature, 1868 pp 143, 410.

MILK, blue, 1870 p 434; Mind, bracing the, 1870 p 500.

NERVOUS system, the, 1865 p 115; dynamics of the, 1870 p 161.
Nutrition, sources of, 1869 p 98.

ORGANIC power, 1869 p 96; Origin of infusoria, 1869 p 98.

PROTOPLASM—Bathybius, 1870 p 253.
Propagation, interesting facts in development, 1869 p 369.
Physiological curiosity, 1864 p 28; action of remedies, 1867 p 9.
Physiology, lecture on, 1866 p 393.

RESPIRATION of animals, 1869 p 100.

SLEEP 1868 p 219, 1871 p 396.
Sexes at will, how to produce the, 1869 p 374, 1870 p 234.
Sex, what are the causes of, 1870 p 227, 1871 p 108.
of fœtus, 1869 p 372, 1870 p 233; how to determ. the, 1872 p 467.
Sugar in the animal economy, 1869 p 297.
the effects of on the teeth, 1864 p 160; Prof. Bernard on, 1871 p 95.
Sputum, microscopical examination of the, 1872 p 365.

Miscellany.

ALBANY City Dispensary, 1868 p 103, 1871 p 257.
Atlantic Ins. Co., Albany, N Y, 1866 p 277, 1872 p 108.
Agassiz on Darwinism, 1873 p 620.
Addresses—A. Bagley, 1864 p 124, Dr. Fielitz, 1865 p 97,
E. H. Drake, 1865 p 193, H. D. Paine, 1866 p 91.
E. A. Lodge, 1867 p 327, J. D. Craig, 1867 p 377.
H. B. Clarke, 1867 p 264, C. J. Hempel, 1869 p 430.
R. Ludlam, 1870 p 106, B. W. James, 1873 p 249.
A. E. Small, 1873 pp 414, 447.
American Institute of Homœopathy, 1865 pp 211, 249, 1866 pp 146, 242, 282, 326, 1867 pp 67, 348, 1868 pp 103, 250, 447, 1869 pp 147, 292, 399, 1870 pp 190, 253, 255, 256, 347, 399, 498, 1871 pp 211, 256, 257, 300, 344, 1872 pp 147, 253, 306, 331, 369. 1873 pp 279, 340, 341, 344, 377, 409.
American Institute of Homœopathic Pharmacy, 1868 p 531.
text books and American teachers, 1872 p 468.
homœopathic periodicals, 1872 p 576.
American Medical Association, 1865 p 275.
Abernethy, anecdo. of, 1869 p 394 ; Anc. temple and its priests, 1864 p 44.
Air in the cure of incipient phthisis, on the influ. of highland, 1871 p 513.
relative health of the higher strata of, 1870 p. 253.
Adipocire, '64 p 158 ; Appropria. to hom. Insti. of New York, '70 p 351.
Aphorisms for med. men, 1869 p 248 ; Atmos. limit of the, 1873 p 535.
Allopathy—vengeance, 1865 p 62 ; students, panic among, 1866 p 528.
authority be quoted, can, 1866 p 272 ; drug proving, 1869 p 336.
blundering, 1869 p 376 ; favor, 1868 p 566.
testimony for homœopathy,, 1870 p 291 ; ostracism, 1871 p 164.
run mad, 1868 p 149 ; another convert from, 1869 p 393.
versus homœopathy, 1869 p 23 ; moving, 1873 p 394.
illustrated, 1870 p 198; embracing homœopathy, 1871 p 340.
Anomalous case, an, 1868 p 70.
Absurdities of some homœopathic practitioners, 1870 p 268.
Alcohol, inheritance of an appetite for, 1873 p 536.
Aurist and oculist, the wandering, 1870 p 339.

BACON, CHAS. A., letter from, 1872 p 520.
Black measles and erysipelas combined, 1873 p 344.
Barometrical and thermometrical record, 1871 p 258.
Barber's razor, dangers of the, 1871 p 449.
Bachelors and Benedicts, 1868 p 412 ; Bellows, Dr., let'r from, 1867 p 489.
Beneficence of the medical profession, 1866 p 249.
Beards among the Parisian clergy, 1872 p 325.
Beecher, Henry Ward, on the value of laughter, 1870 p 254.
Bewilderedhom., 1872 pp 438, 490 ; Blinkers on horses, 1873 p 623.
Big pills, recommendations of quack medicine, 1870 p 195.
British Homœopathic Congress, 1871 pp 397, 570, 1872 p 388.
Biographical Cyclopædia of Homœopathic physicians, 1872 p 589.

Blot, Prof., anecdote of the cook, 1870 p 559.
Blood-letting unfashionable, 1869 p 397; Bogus med. colleges, 1872 p 327.
Broome County, (N Y) Hom. Medical Society, 1864 p 191.
Brooklyn Hom. Disp., 1868 p 103; lying-in Asylum, 1873 p 119.
Homœopathic eye and ear Infirmary, clinic of, 1872 p 165.
Boston Hom. Disp., 1868 p 103; homœopathy in, 1871 p 110.
University, Association of, 1873 p 341.
Homœopathic hospital of, 1871 p 301, 1872 pp 101, 152.
Board of health for the Dist, of Col.,1871 p 160; Boil it down,1873 p 541.
Blue Ridge, southern portion of, 1871 p 399.

CHARACTERISTICS, a few, 1871 p 554; Cash or credit, 1873 p 394.
Case writing, the importance of, 1865 p 363.
Catastrophe, a chloroform anecdote, 1870 p 558.
California for hom. physicians, 1869 p 502; homœop. society, 1871 p 212.
Charity list, the physician's, 1870 p 196.
Canada, license granted, 1865 p 276.
Canadian Institute of Homœopathy, 1865 p 336, 1866 p 438.
Cayuga (N Y) Homœopathic Medical Society, 1864 pp 73, 103, 150.
Canada East, Homœopathic College of, 1866 p 55.
Hom. in, 1865 p 227, 1867 p 48, 1868 p 578, 1869 p 149, '71 p 566.
Centipede, bite of the, 1870 p 31; Chemists anecdotes of, 1871 p 54.
Certainly not, quackery, 1870 p 195.
Cleveland Protestant Hospital, 1869 p 149.
Hom. Col., 1864 pp 30, 65, 76, 136, '65 pp 123, 212, 352, 379, '66 pp 77, 98, 194, 483, 569, '67 pp 177, 417, '68 p 254, '69 pp 190, 495, '70 pp 42, 104, 158, '71 p 53, 152, '72 pp 149, 442, '73 p 168.
Central New York Homœopathic Medical Society, 1870 p 581.
Michigan do do do 1872 p 50.
City Hospital, Utica, New York, 1870 p 349.
Cincinnati Hom. Dispensary, 1868 p 103, 1869 p 400, 1870 p 186.
Chinese doctor's fees, 1870 p 559; Climatology, 1869, pp 133, 231,
Climate, some relations to disease, 1870 p 139. [1870 p 112, 150.
of Northern Michigan, 1869 p 492. of South. California, 1870 p 150.
of Kentucky, 1870 p 509; a curious, 1873 p 614; its influ. upon life,
Chicago letter, our, 1865 p 306. [1873 p 615.
Medical University, 1865 p 274; academy of med., 1870 p 105.
academy of sciences, 1870 p 104; conflagration, 1871 p 540.
Clifton Springs Water Cure, 1865 p 319.
Clinical thermometry, 1873 p 253; editor, a few words from, 1871 p 26.
Cholera epidemic of 1871 two cases of the, 1871 p 553. in south. India,
Chloroform and crime, 1873 p 536; Cold, a fresh, 1873 p 339. [1871 p 32.
Colored troops in hot climates, 1864 p 159; physicians, 1870 p 355.
Correspondence, foreign, 1867 p 471; Consulta., 1864 p 118, 1868 p 93.
Confession of mistakes characteristic of great physicians, 1870 p 200.
Comments on a late review, 1870 p 220; Compulsory, 1870 p 111.
Colleges, our, 1864 pp 34, 135, 1865 p 24; Controversy, 1869 p 293.
Conflict of laws, 1873 p 232.
Consumptives home, a report of, 1864 pp 170, 189, 1866 p 95,
a home for, 1870 p 111. [1871 pp 70, 160, 586.
Commissioner of pensions, 1871 p 398; Cow pox, 1864 pp 14, 25.
Columbia, S. America, 1870 p 205; Cure for a cold, 1871 p 54.

DAY'S Dr., mal-practice case, 1871 p 113. DeProfundis, 1872 p 414.
Defeat of the med. proscriptionists, 1871 p 445; Dental sur., 1870 p 254.

Death from a spider bite, '69 p 335; hom. and pangs, '69 p 45.
Detroit Homœopathic College, 1872 pp 54, 150, 250, 494, 537, 595, 597, 601 [1873 p 286.
Decrease of population in Europe, 1864 p 14.
Detroit, Mich., mortality report, 1868 p 256, 1873 pp 448, 495, 539.
a card from the Hom. physicians of, 1871 p 538.
temperature of, 1873 pp 495, 539.
Dispensaries, notice of, 1868 p 408, 1869 pp 495, 581, 1868 pp 56, 103.
Differences among doctors, 1871 p 398.
Dispensary, Bond st., New York, 1865 p 86, 1873 p 342.
Pittsburgh, Penn., 1868 p 155; Dayton, Ohio, 1868 p 155.
Dietetics and mortality, 1868 p 485; Digestion, 1870 p 254.
Diplomas selling of, 1872 p 252; regular and irregular, 1872 p 532.
Dogmatism, do we need, 1868 p 418; Dodge, Lewis, let. from 1865 p 30.
Dose, a hom'pcal 1871 p 54; Duncan, T. C. letter from, 1871 p 541.

ET TU BRUTE, 1870 p 155; Embalming, process of, 1873 p 540.
Explanation, an, 1866 p 568, 1873 pp 172, 174. East India Eng. 1873 p 542.
Enemata, origin of, 1873 p 541; Elec. as a means of resusc., 1873 p 64.
Eclectic criticisms, 1873 p 598; ranks, progress in the, 1867 p 31.
Erie Co. (N Y) Hom. Med. Soc'y, 1871 p 112; Expressive, 1869 p 293.
Editorial notes, 1864 pp 24, 33, 129, 161, 177, 1867 pp 56, 152,
Editor, a word for the, 1871 p 395. [1868 pp 99, 255, 1873 pp 56, 61.
Ethics, med. 1864 p 174, 1866 p 133, 1870 pp 342, 457, 497, 549, 1871 p 309.
Edinburgh medical missionary society, 1864 p 47.
Excitement, the curative power of, 1871 p 391.
Epitaph, Dr. Fuller, Dr. Chard, 1870 p 254.
Education, 1867 p 79, 1870 p 463, 1873 p 395.
Europe, homœopathy in, 1867 pp 304, 490.
European correspondence, letter from Chas. A Bacon, 1872 p 520.

FAMILIAR Letters, 1865 pp 28, 61, 87; France, 1870 p 311.
Frederich Schultze, and his "intelligent colleagues," to, 1871 p 104.
Female practitoner in England, first, 1864 p 137.
doctors in London, 1873 p 304.
Fees, physicians, 1864 p 127, 1865 p 84.
Fiat justitia, an explana., 1870 p 340; Foreign journals, 1871 p 397.
Florida as a resort for invalids, 1869 p 570. Forced med. at., 1867 p 263.
Fortunate, 1870 p 462; Fool, a talented, 1870 p 196.
Functions of various parts of the brain, 1873 p 408.
Future of Homœopathy, the, 1872 p 170.

GALEN, 1869 p 395; Gatchell, H. P., letter from, 1868 p 82.
Gleanings from Allopathic literature, 1865 p 233.
German Homœopathic physicians of the Northwest, 1864 p 176.
do do of America, 1864 pp 102, 159.
Great moral censor, 1865 p 191; Georgia, 1870 p 498.
General editor's vacation, 1871 p 55.

HAHNEMANN and Homœopathy, 1864 p 51.
Anniversary of his birth, 1864 pp 52, 60, 1869 p 293.
Medical college, Chicago, 1864 pp 9, 50, 65, 135, 1865 p 124, 1866 pp 98, 148, 193, 482, 569, 1867 pp 179, 420, 1868 pp 102, 254, 510, 1869 pp 191, 454, 494, 549, 1870 pp 42, 158, 495, 556, 1871 pp 49, 156, 212, 1872 pp 50, 148, 443, 1873 pp 282, 591.

Hahne. Hospital, New York, 1870 pp 159, 451, 456, 1871 pp 53, 159, 226,
Hall, 1870 p 463. [257, 370, 457, 1872 pp 178, 193.
Hahnemannian hypercriticism, 1873 p 442.
Hair turning white, 1873 p 395; preparations, 1870 p 539.
Have we charlatans among us? 1870 p 490.
Hallucination, Guinea pigs and absinthe, 1870 p 339.
Hempel, C. J., letter from, 1867 p 380.
Health, 1871 p 515; and life, 1872 p 219.
Hell and dyspepsia, 1870 p 501; Heroic remedy, 1870 p 356.
Hippocratic oath, 1869 p 395; Homily for the hom'pths, 1871 pp 305, 384.
Home is Heaven's fallen sister, 1872 p 326; and health, 1870 p 253.
Homœopathy, 1864 pp 111, 185, 1867 p 82, 1866 pp 462, 473.
in the army, 1864 p 51, 1869 p 147; a prog. science, 1864 p 155.
the principles of, 1864 p 168; run to weed, 1868 p 113.
and science, 1866 p 489; another victory for, 1873 p 286.
triumphant, 1870 p 560; legally dec. not to be quackery, 1871 p 55.
misrepresented, 1872 p 293; what is it, 1867 p 33.
the Bible of, and its cardinal principles, 1867 p 407.
in the French Senate, 1865 p 372.
Homœopathic prin. of cure, 1864 p 10; insane asy. 1868 p 446, 1870 p 190.
Life insurance companies, 1868 pp 154, 251, 1870 p 583, '70 p 259,
[1873 p 175.
editorial association, 1871 p 452; publica. soc'y, 1864 p 102.
nonsense some, 1869 pp 469, 535; prof, the bill for, 1873 p 226.
physicians who are preachers, 1870 p 202.
law recognized, 1870 p 472; military tract soc'y, 1870 p 582.
Hour of death, the 1870 p 356; Hydropathy, 1870 p 462.
Hyrti, Joseph, Prof, an hour with, 1873 p 164.

INHALATIONS, 1864 p 51; Infantile mortality, 1873 pp 376, 432.
Ingratitude of patients. 1869 p 53; Intelligent, 1869 p 336, 1866 p 277.
Invalids, an American Italy, 1or, 1872 p 399.
Illegitimate births in Vienna, 1868 p 77. Immediate danger, 1870 p 356.
Intemperance, cause and cure, 1868 p 91; Interments prema, 1869 p 396.
Irregular regulars, 1870 p 359; diplomas, 1872 p 444.
In hoc signo vinces, 1869 473; India, hom. in, 1870 p 205.
Indiana Hom. Institute, 1867 pp 272, 290, 1868 pp 101, 393, 1873 p 592.
Illinois med. association, 1864 pp 65 99, 1865 p 158, 1867 p 293, '69 p 549,
[1871 p 260, 1872 p 371.
Military Tract Hom. society, 1870 p 582, 1871 p 542.
Iowa University, homœopathy in the, 1873 p 494.
Important trial on, 1870 p 477; Insurance against sickness, 1870 p 203.
Influence of weather on health, 1869 p 397.

KANSAS Hom. Med. Soc'y, 1869, p 292, 1870 p 454, 1871 p 354.
Kentucky, the climate of, 1870 p 509; Kitchen, the, 1872 p 326.
Kenosha Water Cure, 1865 p 192.
Knoxville, Tenn., climate of, 1871 p 400.

LA deformation toulousaine, 1873 p 167.
Lansing Hom. College, 1871 p 539, 1872 p 149.
Law, a good, 1869 p 293, 1870 p 104; Lawyer's oath, the, 1867 423.
Laughter value of, 1870 p 254; Liberally educ. physicians, 1868 p 491.
Life insur. 1865 pp 224, 246, 287, 366, 1873 p 413; hom. and, 1868 p 55.

Liquid, a drop of, 1864 p 139; Literary madmen, 1873 p 63.
Liverpool, hom. in, 1865 p 318; LL, D degree with honor, how to get an,
Look ahead, a, 1866 p 80, 1867 p 171 [1873 p 175.
London, Eng., hom. at St Mary's hosp, 1871 p 161; Longevity, 1870 p 501.
Lunatic asylum, a new, 1868 pp 567, 568.
Lynn, Mass., Hom. Dispensary, 1868 p 103.

MAGNETIC Wells, 1872 p 466.
Maine hom. Society, 1867 p 99, 1870 p 306.
Man with a key in his lungs, 1872 p 102.
Materia medica, our physicians and, 1873 p 582.
Massachusetts hom. in, 1871 p 568, '72 p 101, '73 p 538.
Materia medica, proposal to establish a standard work on, '64 p 153.
Madmen for chancery, '70 p 356; Medicine not an art, '64 p 39.
Mexican hom. Insti., '70 p 311; Mexico, hom. in, '70 p 346.
Medical col. for women, '70 p 456; education of, '70 p 493.
fees, '70 p 203; jurisprudence, a case of, '71 p 209.
proscriptionists, defeat of the, '71 p 445; examina. '72 p 596.
humbugs, '72 p 104; journalism, American, '70 p 551.
letters by T P Wilson, '64 p 175, '65 p 23.
reform and medical monopoly in the army, '65 p 129.
union, '73 p 273; tracts for the people, '65 p 368.
pomposity vs. common sense, '70 p 541; colg, bogus, '72 p 327.
Michigan University, hom. in the, 1866 p 279, '67 pp 134, 182, 234, '68 pp 246, 341, 398, 498, 508, 536, 539, '69 pp 49, 148, 194, 339, '71 pp 111, 162, 203, 356, 492, 539, 565, '73 pp 78, 390, 397, 447, 543.
catalogue of, '65 p 272.
hom. Institute, 1864 pp 280 96, '65, pp 128, 192, 201, '66 pp 278, 335, '67 pp 239, 313, 376, '68 pp 248, 377, 389, 4 50, 494, '69 pp 147, '70 pp 43, 255, 307, 348, '72 pp 148, 386.
hom. county societies, '68 p 155; colleges, '71 p538, '72 p 149.
homoeopathy in, '65 p 64, '72 pp 51, 53, '73 pp 116, 220, 537, 586.
state prison, '67 p 461; University, women admitted to, '70 p 112.
Microscopic objects found in cholera evacuations, report on, '71 p 435.
Minnesota State Institute, '67 p 381, '69 pp 147, 148, '71 pp 259, 490.
institute for the deaf, dumb and blind, '70 p 159.
homoeopathy in, '69 p 497, '71 p 135.
Miser's death, the, '69 p 53; Missionaries, medical, '72 p 105.
Mortality appalling, '71 p 112; of cities, '64 p 47.
in the army and navy, '65 p 55; medical, '65 p 150.
in lung diseases on the Pacific coast, '67 p 432.
Montreal hom. Dispensary, '65 p 276.
Montpelier, the school at, and homoeopathy, '68 p 572.
Model letter, a, '72 p 49; Modern teachings, '67 p 125.
Mortality of Cincinnati, '68 p 154; '70 p 356.
of Detroit, '68 p 100, '70 p 202.
"Muller Carl," letter from, '69 p 61; Muscles, '71 p 543.
Mushrooms, on the distinction of edible and poisonous, '72 p 466.
My first steps, by T P Wilson, '70 p 98. Multum e parvo, '65 286.

NATURE, a freak of, '65 pp 249, 288.
National literary congress, '71 p 108; university, '71 p 112.
New Remedies, pro et con, '67 pp 282, 351.
New Hampshire hom. Med. Soc'y, '68 p 396, '69 p 147.

New York State school for training nurses, '73 p 495.
Legislature of, '71 289 ; women's infirmary, '64 p 52 '66 pp 99, 294.
medical college for women, '64 p 137.
hom. college, 1864 p 135, '65 pp 156, 212, '66 pp 99, 483, 570, '67 pp 99, 175, 375, 418, '68 pp 253, 511, '69 pp 243, 453, 455, 529, '70 pp 42, 182, 545, '71 pp 159, '72 pp 99, 195, 442, '73 pp 279, 591.
ophthalmic hospital, '67 pp 385, 386, '72 p 196.
homoeopathy in, '73 540.
medical Society, '64 p 87, '68 pp 45, 446, '70 pp 104, 187, 463, 455,
county medical society, '70 p 104. ['72 p 389.
State univer., '72 p 596 ; hom. appropriations, '70 p 400, '71 p 354.
cen. hom. soc'y, '70 p 581 ; hom. fair, '72 p 300.
New Jersey hom. med. soc'y, '69 p 293.
Nichol, Thomas, letter from, '68 p 138 ; Nice, '70 p 150.
Nil nove sub sole, '70 p 475 ; Northern home of the friendless, '65 p 311.
Northwestern Provers' Assoc., '66 p 484, '67 p 55, '68 102, '69 p 47.
Northeastern hom. medical and surgical Dispensary, '70 p 83.

ORANGE colored spectacles, 1873 p 526 ; Observations, '67 285.
Ontario med. council, '69 p 292 ; Oak Grove sanitarium, '70 p 560.
Obesity, the obese French lady, '70 p 339 ; One leg'd prescrip's, '69 p 62.
Oneida county (N Y) hom. medical society, '65 p 376.
Ohio State hom. medical soc'y, '64 p 192, '66 pp 485, 570, '67 p 230, [1869 p 96, '70 p 256, '71 p 160, 212, 260.
hom. physicians of, '64 p 140, '65 p 158.
Onondaga county (N Y) hom, med. society, '64 p 186.
Ozonized water, '73 p 604 ; Our progress, '69 p 192.
Obscurity, that, '70 p 345 ; Oysters, something new about, '73 p 621.

PATHOGENETIC etc., symptoms deter. the remedy, 1864 p 141.
Pathological inquiry, 1868 p 563, '70 p 439 ; Pharma. assoc, 1868 p 156.
Praise of ignorance, the, 1873 p 253.
Practical medicine in Europe, 1865 p 373 ; joke, '70 p 462.
Palmar pulse, 1870 p 339 ; Paying them off, '71 p 450.
Practitioners in medicine, uneducated, 1866 p 499, '67 p 77.
Pennsylvania Hom. Med. College, 1864 pp 137, 176, '65 pp 122, 156, '66 p 149. 195, '67 pp 304, 416, 419, '68 pp 253, 510, '69 pp 190, 494, '70 pp 42, 104, 158, 183, '71 pp 53, 192, 1873 p 282.
State Society, 1865 p 155, '66 pp 196, 439, '70 pp 255, 349, 578, '71 p 161, '72 pp 99, 191, '73 pp 249, 295.
Prevention of empiricism, 1871 p 113 ; Prescription not follow'd '70 p 559.
Pretender a, 1870 p 138 ; Peccavi! vel Peccavi,——268, 463.
Pesth University, hom. in the, 1870 p 311.
Presentation to Dr. A. Thayer, 1869 p 199.
Prize for monogram on catarrh, 1868 p 154.
Prizes for provings of Bromide of Amm. and Dioscorea, 1868 p 154.
Pittsbugh, (Penn) hom. Hospital of, 1866 p 439, '68 p 446.
Philadelphia Board of Health, 1873 p 539 ; Infirmary, 1864 p 104.
Hom. Col., union of the, 1869 p 149 ; hom. hospital, '70 p 450.
Popular fallacies concerning homœopathy, refuted, 1866 p 427.
Poughkeepsie hom. Medical Society, 1867 p 103 ; Progressive, '71 p 391.
Progressing, are we, 1865 p 189.
Professional etiquette, 1864 p 173 ; cacklers, '71 p 343.
Prostitution in Hamburg, 1872 p 465 ; licensing, '71 p 392.

Pois. power of metals, 1873 p 604 ; Problem in organic life, 1865 p 155.
Pulte Medical College, 1872 pp 443, 494, '73 pp 231, 284, 590.
Pulse of var. animals, 1873 p 519 ; Puffery, a dis. system of, 1872 p 469.
Purgative, a genteel, 1868 p 207.
Physician punished and fined for divulging a patient's disease, 1864 p 112
the, health and intemp, 1870 p 339 ; in the olden time, '70 p 273.
Physicians who do not take the journals, 1866 p 192.
and patients, number of, 1871 p 342.
who propose to emig., 1869 p 382 ; and hom. doctors, 1869 p 496.

QUALITIES of men, two, 1873 p 119 ; Quantity of food, 1868 p 90.
Quackery, 1865 p 85, '70 pp 195, 204, 493, '67 pp 81, 150.
Question, 1865 p 268.

REGULAR. 1870 p 104 ; Report unfavorable cases, '73 p 231.
Right side larger than the left, 1869 p 501.
Russia—St. Petersburg hom. medical Society, 1869 p 293.
Homœopathy in, 1871 p 109.

SALIVATION, wholesale, 1868 p 133; Sanitarium for world, '73 p 616.
San Francisco county med. soc'y of hom., 1871 pp 494, 569, '72 p 195.
Scammon hospital, Chicago, 1870 pp 307, 311, '71 pp 161,542.
State board of health, 1871 p 260; Saxony, '70 p 312.
Sawdust pills, an effec. remedy, 1870 p 254 ; Shampooing, '71 p 398.
Sewing machine and the health of female operators, 1870 p 539.
Swedenborgians, why are so many hom. doctors, 1871 p 164.
Self sacrifice, 1870 p 356 ; Sewage, utilization of, '71 p 391.
Seward, Sec'y, attempted assassination of, 1865 p 152.
Sweden, hom. in, 1865 p 307 ; Specified bill '70 p 462.
Simpson, Sir James Y, courtship and marriage, 1870 p 508.
Singular case, 1865 p 365 ; Stimulants unnecessary, '70 p 112.
Sick and ill, 1871 p 449 ; Souls, '70 p 462.
St Louis hom. college, 1864 p 136, '66 pp 97, 194, 482, 570, '67 p 416.
'68 pp 254, 510, '69 p 191, 494, '70 pp 158, 255, '71 pp 53, 160,
199, 203. '73 pp 228, 591 ; homœopathy in, '73 p 171.
Social and political relations of hom. to the dominant school of medicine,
[1866 p 411.
Stomach, what protects the, '65 p 53 ; ingratitude of the, '68 p 214.
Suicide of Leroy, '70 p 500 ; Suppression of perspiration, '73 p 491.
Sueing the doctors for cruelty, '73 p 304 ; Suggestions, a few, '66 p 244.
Students, a word to, '64 py 109, 143 ; wanted, '64 p 32.
Sunshine, the, '71 p 517 ; Synop. of med and surgical reports, '65 p 308.
Syphilitic discovery, Lostorfer's, '72 p 215.

TRANCE, '70 p 501 ; Texas, '72 p 237, 390. '73 p 63,
Trees and rain, '72 p 228 ; Trials of a country physician, '64 p 142.
Thoughts concerning the beauty of a paragraph, '64 p 173.
Tobacco, '73 p 526 ; Truth, what is, '70 p 480.

UPS and downs of a doctor's life, '64 pp 51, 55.
United States military hospitals, '64 p 140 ; hom. association, '65 p 25.
homœopathy in the, '64 p 171, '68 p 572.
Union hom. medical Soc'y of Richland, etc., Ohio, '70 p 186.
Unavoidable, '70 p 559 ; Unfortunate, very, '70 p 302.

VARIABILITY of personal equation, the, '71 p 393.
Vaccination, '69 p 503.
Vaccine virus, '64 pp 14, 34, 52.
Variety in correspondence, '70 p 205.
Valedictory address by E C Franklin, '66 p 171.
by S H Talcott, '72 p 197.
Van Aernam's despotism and exit, '71 pp 161, 255.
Veriphobia medicorum, '65 p 78.
Vermont hom. Medical Soc'y, '72 p 366.
Ventilation, '72 p 325.
Vienna cholera drops, '67 p 400; professors, '73 604.
Vital statistics in London, '73 p 395.

WASHINGTON, (D C) dispensary, '68 p 103.
Hom. med. soc'y, '70 pp 306, 351.
homœopathy in, '72 p 147.
Territory, a contribution to climatology, '70 p 358.
Wayne county hom. Institute, '68 pp 395, 397, 443, 497, 543, '69 pp 94, 453.
do New York, hom. medical society of, '65 p 42.
What was it? '71 p 380.
Wheeling into line, '67 385.
Western Institute of Homœopathy, '64 p 81, '66 p 339. '67 pp 175, 296, '68 pp 103, 394, '69 pp 147, 290, 339, '70 p 351.
Weather, the, '70 p 140, '71 p 394,' 72 p 229.
glass, how to make a '71 p 333.
West dangerous, the, '70 p 203.
Wilmington, Delaware, '71 p 259.
Widow's mite, '67 p 415.
Wisconsin hom. col, '68 p 511; hom soc, '65 378, '69 p 580, '70 p 454, 579, [1872 p 328.
Winslow's Mrs, soothing syrup, '70 pp 201, 339,
Which is which? by a bewildered homœopath, '72 p 313.
Women studying medicine, '70 p 346; physicians, '70 p 196, '71 p 160.
Woman as city physician, '73 p 211.
Wrong again, '70 p 55.
Why doctor's die prematurely, '71 p 334.
Wurtemberg, '70 p 311.

Yaller Dog, an essay on the, '73 p 492.

Authors and Contributors.

ALLEN, H C, '64 p 164, '65 pp 34, 313, 356, '66 p 345, '67 p 358.
Allen, T F, 1870 p 12.
Archœon, 1869 p 493.
Ahfeld, Dr. 1871 p 451.
Americus, 1866 p 242.
Albertson, J A, '66 pp 462, '69 pp 274, 502.
Anderson, R L, 1868 p 91.
Avery, H N, 1868 p 569.
Avery, Edward W, 1869 p 428, 1870 p 439.
Arnold, Rawdon, 1868 pp 221, 234.
Atthill, Dr., 1873 p 38.

BAHR, Bernard, 1864 p 8.
B. H. M, 1869 p 327.
Baldwin, J G, 1869 pp 257, 468.
Barclay, John, 1867 p 158.
Barnes, L, 1866 p 78.
Ball, A R, 1865 p 326.
Bates, E J, 1864 p 29.
Bayes, 1866 pp 25, 519.
Bagley, Alvin, 1864 p 124.
Bagley, H B, 1867 pp 281, 397.
Baker, T, 1864 pp 61, 109.
Bradford Henry, 1865 p 328.
Bathrick, F W 1864 p 109.
Bayes, Wm, 1865 p 105, '66 558, 1867 22.
Babcock, Charles W, 1865 p 109.
Bacon, Chas A, '72 p 520, '73 p 164.
Barnes Robt, '71 p 224, '73 p 563.
Barnes, G W, 1869 p 296.
Barnes Lewis, 1866 p 133.
Bancroft, A A, 1866 p 225.
Blakeley, W H, 1867 p 28.
Blakely, W J, 1866 p 233.
Balley, F A, 1866 p 460.
Blake, E T, 1872 p 409.
Blake, E F, 1871 p 188.
Blake, Dr, 1872 p 161.
Balbiani, M G, 1871 p 9.
Beckwith, E, 1869 p 467.
Bell, J S, 1873 p 326.
Bewildered homœpth., '72 p 313,490.
Bertrand, Dr, 1872 p 515.
Berridge E W, 1872 pp 85, 508.
Biggers, G W, 1873 p 562.
Bird, O B, 1871 p 135.
Billroth, Prof, 1872 p 516, '73 pp 303, 631.
Brewster, James, 1865 p 318.
Beckwith, E C, 1865 p 363.
Bell, James B, 1864 p 108, '65 p 52, 1869 p 227.
Benham, F A, 1864 p 41.
Behrend, H, 1864 p 171.
Behier, Dr, 1865 p 14.
Beakley, J, 1866 p 99.
Bellows, A J, '66 p 208, 1867 p 406, 1868 pp 146, 215, 1869 p 142.
Bernard, M, '69 p 297, '71 p 95.
Bennet, J H, 1871 p 334.
Benedict, Prof, 1871 p 284.
Boardman, W H, 1870 p 433.
Boynton, F M, 1870 p 233.
Broderick, H M. 1869 p 560, 1872 pp 365, 439.
Bowen, F, 1865 p 234.
Bower, Carl, 1864 p 78.
Bloss, J P, 1864 p 174.
Bosler, J, 1865 p 111, 120.
Bond, Frank, 1865 p 300.
Brown, J E, 1864 pp 60, 61, 159, 1867 p 255, 1871 p 423.
Brown, G C, 1864 p 108.
Bowditch, H J, 1865 p 238.
Boyce, C W, 1864 p 79, 103, 117, 150, 1868 p 23.
Burdick, S P, 1864 p 37.
Burdick, E, 1864 p 64.
Burt, W H, 1864 pp 35, 61, '65 pp 65, 241, 269, 302, 364, 1866 p 48, 257, 297, 359, 1867 p 170, 1868 pp 20, 57, 116, 305, 361.

Burdett, 1865 p 22.
Buck, J D, 1865 pp 230, 268, 1866 pp 21, 537, 1867 p 273, '71 p 479 1873 p 590.
Burow, A, '72 p 245, 1873 p 310.
Buttles, M S, 1868 p 138.
Bullard, D, 1868 p 340.
Buckner, Th, 1870 p 405.
Byrne, J, 1873 pp 67, 123, 179, 235.
Brown, L G, 1870 p 570.
Brown, T B, 1866 p 464, 466.
Brown, D Dyce, '70 p 521, '71 p 529.

COLTON, D A, '70 p 161, '71 pp 9, 92, 167, '73 pp 14, 471, 574.
Carleton, E, jr, 1873 p 393.
Craig, J D, 1866 pp 121, 382, 1867 p 440, 1868 p 377, '70 pp 43, 407.
Calvert, W J, 1864 p 115.
Cameron, C C, 1865 p 181.
Chambers, T K, 1865 p 234.
Chapman, John, 1866 p 62.
Carnochan, J M, 1866 p 166.
Clark, H B, 1866 p 464.
Clark, L A, 1871 p 175.
Clawson, C D, '68 p 229, '70 p 413.
Cleveland, A L, 1866 p 264.
Cretin, Dr, 1869 p 323.
Clifton, A C, 1873 p 313.
Cigliano, T, 1871 p 467.
Couch, R, 1870 pp 93, 412.
Couch, Asa, 1864 pp 77, 80.
Cogswell, C H, 1866 p 361.
Conant, T F, 1864 p 80.
Cooke, N F, 1865 p 78.
Comins, J M, 1865 p 365.
Cooley, E, 1868 p 481.
Cotton, W G, 1873 p 423.
Cushing, C F, 1864 p 93.
Cushing, A M, 1865 p 83, '66 pp 224 564, 1867 p 107, 1868 p 561, 1869 pp 69, 122, 158, 184.
Cuthbert, Wm M, 1864 p 36.
Church, P, 1865 p 319.
Cullis, Chas, 1864 p 170.
Cutter, E, 1865 p 48.
Curtin, R G, 1872 p 484.
Chaffee, C M, 1869 p 404.
Campbell, M W, 1869 p 280.
Campbell, G W, 1866 p 562.
Campbell, D, 1871 p 566.
Chase, H S, 1867 p 32, 1868 pp 230 233, 465.
Chase, R H, 1873 p 174.
Chatelain, Dr, 1872 p 17.
Clark, C C P, 1872 p 258.
Cain, D J, 1869 p 231.
Collins, C P, 1872 p 273.
Cole, S P, 1872 p 51.
Cook, E G, 1866 p 122, 1867 p 250, 1869 p 554, 1870 p 69.
Comstock, T G 1867 p 400, 1869 p 283, 1871 pp 220, 222.
Cooper, Robt T, 1871 p 554.

DRAKE, E H, 1864 p 118, 1865 p 193, 1866 p 103, 1868 p 498, '70 335, 1871 p 164, 1872 pp 59, 250, 602, 1873 pp 172, 220. 1868 p 149, 1869 p 376.
D. W, 1869 p 284.
Davis, D A, 1864 pp 61, 93.
Dale. H B 1865 p 378.
Dawson, B F, 1872 p 255.
Dake, J P, 1873 p 477.
Dayfoot, M. '72 p 73. '73 p 468.
DeWolf, J J, 1864 p 167.
Dresser, B L, 1865 p 222, 1866 pp 405, 406.
Dewey, G A, 1869 p 496.
Delevan, J Savage, 1870 p 415, 1873 p 466.
Descaisne, Dr, 1873 p 507.
Diesterweg, Prof, 1871 p 545.
Dodge, Lewis, 1865 p 30.
Dowling, J W, 1872 p 300.
Doy, John, 1864 p 47, 1866 p 506, 1869 p 144.
Dornberg, A L, 1865 p 76.
Donaldson, J, 1865 p 235.
Douglass, J S, 1867 p 32, '68 p 105.
Dron, A, 1871 p 127.
Drummond, John, 1865 pp 74, 138, 321.
Duhring, Geo '65 p 269, '66 p 220.
Dunham Carroll, 1866 p 239.
Drury, Wm V, 1873 p 545.
Duncan, T C, '65 pp 65 123, '71 p 140.

EASTON, D J, 1864 p 135, 143.
Eadon Dr, 1866 p 469.
Esmarch, F, 1873 p 625.
Eckles, Thomas, 1867 p 247.
Ehinger, G E, 1865 p 43.
Ellis, John, 1866 p 228, 1870 p 122, 1872 p 539, 1873 pp 209, 211.
Ellis, E R, 1868 p 222, 1869 p 553, 1871 p 311, 1872 pp 53, 55.

Eldridge, I N, 1867 p 433.
Elsberg, Dr, 1870 p 235 239.
Elstun, W J, 1871 p 140.

F 1869 p 312.
F & F, 1868 p 563.
Fall, John C, 1864 p 109.
Fabret, I, 1872 p 15.
Fackler, J M, 1865 p 268, '69 p 228, 1871 p 139.
Fanning, T C, 1865 p 288, '72 p 307.
Franklin, E C, 1866 p 171.
Faulkner, R, 1868 p 228.
Fairbanks, H N. 1869 p 312.
Fairbanks, C D '69 p 366, '71 p 138, 1873 p 328.
Fraser, E J, '70 p 518, 560, '72 p 69.
Fleming, A, 1864 p 167.
Freeland, J C, 1867 p 105.
Freeman, Wm, 1873 p 597.
Fish, E W, 1869 pp 48, 105, 108,110 111, 185, 186, 187, 188, 192, 230, 285, 290, 317, 387, 392, 488, 489, 1870 p 46, 96, 298.
Fiske, Isaac, 1865 p 61, 1867 p 256.
Fielitz, Dr, 1865 p 97.
Field, G C, 1865 p 336.
Finch, J E, 1873 p 552.
Fowler, S M, 1872 p 441.
Funk, M, 1866 p 555.
Fulton, S J, 1866 p 398.
Fullgraff, Otto, 1865 p 86.

GARRETSON, J F, 1872 p 79.
Garnsey, C A, 1864 p 178, '65 p 119 '66 pp 88, 473, '67 pp 225, 241, 251 '68 pp 468, 450, '69 pp 45, 314,374 503, '70 p 435.
Gallupe, Wm, '68 p 461, '73 p 116.
Gardner, M M, 1865 p 376.
Grauvogl, Dr 1867 p 61.
Gale, S M, 1867 p 164, '70 p 359. 1869 p 43.
Gatchell, H P, 1868 pp 82, 83, 141, 208, 209, 257, 262, 409, 412, 514, 553, '69 pp 35, 96, 153, 194, 297, 369, 382, '70 pp 139, 227, 390, '7[illegible] p 95, 1872 p 391, '73 pp 161, 305.
Graham, E B, 1869 p 255.
Green, S W, 1864 p 117, 1866 p 61, 1867 p 121.
Gerhardt, E, 1872 p 517.
Greenleaf, J T, 1873 p 257.
Griscom, John H, 1864 p 158.
Gilchrist, J G, 1866 p 465.
Goullon, Dr, 1869 p 401.
Gromel, Dr, 1865 pp 51, 133, 266.
Goodwin, T S, 1867 p 64, '68 pp 491 566, 1870 p 529, 1871 p 309.
Gross, Oscar, 1870 p 419.
Gorton, D A, 1871 p 134.
Goodell, Wm, 1871 p 215.
Guilbert, E A, 1869 p 49.
Gorton, Wm R, 1872 p 250.

HALE, E M, 1864 pp 7 25 46 66 92 122 133 179 181, 1865 pp 1 64 65 135 139 301, 1866 pp 42 61 267 272 377 379 425 479, '67 pp 67 115 246 265 380 455, 1868 pp 9 65 122 134 162 187 268 278 283 375 526 530, 1869 pp 13 18 43 47 68 119 169 207 363 365 489 542, 1870 pp 30 31 32 33 34 85 93 95 241 274 358 396 399 471 535, 1871 pp 39 82 90 146 304 411 415 522 540, 1872 pp 42 46 47 80 83 92 94 169 200 230 252 236 314 347 354 401 413 473 478 487 493 495 526 541, 1873 pp 11 16 55, 105 134.
Hale, P H, 1866 p 354.
H. '66 p 528, '68 pp 113 460.
Hall, A, 1864 p 93.
Hastings, Dr, '64 p 180, '66 p 463.
Hamisfar, C W, '65 p 12, '67 pp 27. 123, '68 p 524, '69 p 313.
Harris, C T, 1865 pp 112 287.
Hancock, Henry, '66 p 164.
Hallock, Lewis, 1867 p 119.
Hawks, Jno, '69 pp 315 379.
Hammond, Dr, '70 p 281.
Hasbrouck, E, '71 p 131 132, 1873 pp 255.
Hempel, C J, 1864 p 17, '66 pp 139 411, '67 p 125 185 361 380, 1869 pp 430 435 482, '70 p 361, 1872 p 595.
Hewson, A, 1871 p 314.
Hering, Constantine, 1864 p 153, 1866 p 68 1868 p 35, 1872 p 108
Heerman, Prof, '65 p 24.
Helmuth, Wm Tod, 1866 p 38, 1867 p 387, '68 p 46, '69 p 562.
Hibbard, G C, '73 pp 254 255.
Highbury, Morgan, '65 p 72.
Hinkley, A S, '69, p 540.

Hicks, J B, 1873 p 289.
Hooper, Joseph, '66 pp 82 127 178.
Hoffman, Ernest F, '66 pp 66 67.
Holcombe, W H, '65 p 289, '73 p 520.
Hoppe, Prof, '64 p 141.
Hoyt, P B, '65 p 65.
Hoyne, T S, '68 pp 232 287 321.
Hughes, Richard, '65 pp 161 296.
Husband, G O, '65, p 113.
Hutchinson, Dr, '64 p 106.
Hunt, J B, '64 p 117.
Hunter, T C, '64 p 150, '66 pp 206, 474, '67 pp 166 254, '69 p 501, '73 p 469.
Hyrtl, Prof, '65 p 18.
Hastings, C, '72 p 250.
Hambuger, Dr, '73 p 497.
Hart, C P, '73 pp 446 474 559.
Harborth, Dr, '71 p 431.
Hackley, Chas E, '72 p 201.
Hencke, Carl, '71 p 553.
Heubel, '71 p 549.
Hirschel, B, '69 p 368, '73 353.
Hill, B, '73 p 260.
Hirsch, J, '70 p 257.
Hoppe, Seyler, '72 p 519.
Hodge, J A, 1871 p 362.
Horton, A E, '66 pp 467 551, 1870 p 161. '68 p 527, '71 p 174.
Hornby, John, '67 pp 113 160, 1869 pp 181 518.
Holthouse, C, '71 p 125.
Hughes, Alfred, '70 p 268.
Hueter, C, '71 p 57.
Hunt, D, jr, '69 p 538, '70 297.
Hunt, J G, '66 p 31.

INGRAHAM, E H, '67 p 248.
Ivatts, E B, '73 p 564.
Ingalls, W M, '73 p 598.
Irish, Thomas, '64 p 46.

JAMES, Bushrod W, 1865 p 308, '66 pp 238 521, '67 p 305, '68 pp 26 30 78 81 135 137 179 181 182 183 227 422 425 522. '69 pp 9 11 113 115 234 236 237 272 276 277 330 332 333 334 505 566 568, '70 pp 22 28 29 30 177 422 424 465 545, 1871 pp 15 19 440 443 453 499, '72 pp 25 50 63 67 203 305, '73 pp 19 249 279 298 299 300 301 302 303.
Jablonsky, Dr, 1870 p 263.
Jackson, B F, 1871 p 424.
James, John E, '68 184.
James D, '68 p 423.
Johnson, L G, '64 168.
Johnson, Norman '66 p 369, '67 p 262.
Jones, Joseph E, '67 p 153.
Jones, S D. '65 p 11 43.
Jones, L M, '65 p 205, '66 p 457.
Jones, Silas, '66 p 225.
Jones, S A, 1867 p 229, '69 p 169, 1870 pp 17 151 301 340 436 441 443 465 475 484, 1871 pp 67 104 178 435 459 476 504 508 561, 1872 pp 14 147 150 210 265 291 295 307 313 414 417 425, 1873 pp 39 141 209 273 308 449.

K 1866 p 560.
Kafka, 1867 p 308.
Kendall, Dr, '66 p 269.
Keep, J L, '65 p 122.
Klein, D G, '65 p 75.
Keuchler, C E, '69 p 327.
Keener, H N, '72 p 74.
Kitchen, James, '64 p 92.
Kidd, Charles, 1864 p 157.
Kimball, D S, '67 p 70, '72 p 523.
King, Robt, '72 p 445.
Kirby, S R, '67 p 71.
Kircheim, Dr, '72 p 437.
Klob, J, '73 436.
Knapp, A M, 1869 p 141.
Kretschy, 1873 p 401.
Kehrer, Prof, 1873 p 294.
Kennedy, E, 1872 p 514.
Kedsie, R C, 1872 p 446.
Kreis, Edwin, 1872 p 433.
Koch, Richard, 1871 p 192.

LILIENTHAL, S. 1866 p 502, '67 57 168 256. 1868 p 19 284 457 459 474 557 559, 1869 pp 131 206 323 367 401 405 408 477, 1870 pp 257 263 266 293 295 333 416 418 419 421 525 574, 1871 p 47 57 286 388 429 467 545 548, 1872 pp 15 17 23 137 140 245 249 433 435 437 438 481 516 517, 1873 pp 112 115 310 40 497 501 502 576 577 578 580 581 625 631.
Laudaker. Dr, 1872 p 519.
Lambert, E, 1871 p 150.
Lamb, Thomas, B, 1864 p 73.
Laurence, J Z, 1866 p 168.

Lattimer, S, 1869 p 297.
Leuthstrom, C A, 1864 p 158.
Lee, Henry, 1871 p 124.
Lee, C H, 1864 p 183, 1865 pp 10, 136, 295, 305, 1866 pp 30, 66, 470, 477.
Leven, M, 1865 p 151.
Lente, F, 1870 p 425.
Lebbrt, Prof, 1872 p 19.
Lebert, H, 1873 p 293.
Littlefield, J J, 1872 p 164.
Liedbeck, Dr, 1869 p 338, 1871 p 513.
Liscomb, P D, 1864 p 111.
Linsley, John S, 1866 p 249.
Lindsay, A, 1868 p 519, 1869 p 513.
Lippe, A, 1864, pp 168, 179, 1865 p 218.
Libby, Stephen R, 1864 p 171.
L S M, 1864 p 182.
Lodge, Edwin A, 1864 pp 2, 24, 69, 80, 1865 p 160, 1866 p 29, 137, 301, 1868 pp 99, 247, 341, 398, 498, 508, 539, 587, 1869 pp 133, 339, 447, 1870 pp 40, 45, 101, 338, 342, 457, 448, 497, 549, 1871 pp 3, 55, 111, 113, 118, 162, 209, 213, 536, 588, 1872 pp 48, 51, 55, 62, 152, 180, 237, 251, 253, 254, 294, 393, 398, 399, 518, 531, 532, 576, 585, 592, 1873 pp 58, 63, 286, 443, 447.
Logan, Geo, 1866 pp 225, 463.
Long, J M, 1864, pp 10, 155, 168, 1866 pp 393, 489.
Lowe, Lewis G, 1865 p 62, 1866 p 163.
Lord, F A, 1868 p 60.
Lorbacher, Dr, 1870 p 266.
Lukens, M B, 1866 p 475, 1868 pp 77, 134, 516.
Ludlam, R, 1864 p 55.
Lungren, S S, 1867 p 282.
Luecke, Dr, 1871, p 433.

McCLELLAND, C H, 1865 p 180.
McCort, P J, 1867 p 391, 1869 p 372.
McLeod, Geo J, 1868 p 418.
McLaren, Wm R, 1871 p 184, 422.
Massini, R, 1873 p 580.
Mason, Francis, 1864 p 79.
Maynard, Wm J, 1871 p 183.
Marsden, D H, 1864 p 105.
Marsden, J H, 1865 p 33, 1866 p 201, 1867 pp 356, 393.
Martin, Henry N, 1865 pp 3, 55, 1866 p 274, 1869 p 555.
Mann, O P, 1865, p 37.
Mandeville, F B, 1865 p 40.
Marston, C H, 1865 p 182.
Marshall, A V, 1867 p 244.
Malcolm, J G, 1867 p 256.
Massey, J B, 1869 p 316.
Massy, R Tuthill, 1873 p 593.
Medicus, 1866, p 244.
Merrill, S A, 1866 pp 216, 550, 554, 1867 p 33, 1868 pp 560, 561, 1870 p 531.
Merrill, J C, 1868, p 471, 1870 p 277.
Merrick, John M, 1864 p 26.
Meyhoffer, Dr, 1866 p 105.
Merritt, J F, 1864 p 130, 1865 p 137, 189, 190, 1867 p 399, 1868 pp 70, 93, 157, 415.
Mendel, Dr, 1872 p 17.
Meynert, Dr, 1873, p 563.
Miller, J H, 1871 p 543.
Miller, J F, 1869 p 282.
Miller, Hugh, 1871 p 223.
Moore, W J, 1865 p 235
Mosman, E P, 1866 p 269.
Morgan, A R, 1864 p 186.
Morrison, Dr, 1873 p 89.
Morgan, L S, 1864 p 185.
Morgan, J C, 1867 p 460, 1869 p 47.
Morse, C E, 1864 p 149, 1865 p 297, 1866 pp 260, 261, 1867 p 105.
Morgan, W, 1873, pp 508, 605.
Moore, Geo, 1870, p 313.

Moore, J, 1872 pp 39, 117.
Mossa, Dr, 1870 p 416.
Murch, A J, 1864 p 123.
Mueller, Clotar, 1865 p 113.
Murchison, C, 1865 p 233.
Muller, Carl, 1869 pp 61 62 201 262 265 268 457 463 469 473 535, 1870 pp 11 21 155 220 249 302 402 404 477, 1871 pp 437 561, 1872 pp 290 431, 1873 p 492.

NICHOL, Thomas, 1866 pp 136 169 205 259 357 372 400 474, 1868 pp 138 520, 1869 pp 249 306 353 423 526, 1870 pp 36 128 209 391, 1871 pp 305 384 390. 1872 pp 317 355 447 509, 1873 pp 31 152 212 329 424 485 527
Newcomb, G V, 1866 p 402.
Nebinger, A, 1864 p 139.
Nelaton, Dr, 1864 p 48.
Nelson, R W, 1866 p 499.
Neidhard, C,'64 pp 87 164,'66 p 404
Nemo, 1868 p 438.
Neisz, John, 1864 p 80.
Nillboth, Thomas, 1872 p 137.
Nott. J C, 1872 p 301.
Nute, T R, 1864 p 140, 1871 p 542.
Nux, 1865 p 249 306.

OLDHAM, Dr, 1872 p 52.
Olmsted, C C, 1864 p 177 183, '65 p 73, 1866 p 222.
Orme, F H, 1867 p 462.
Ormes, C, 1871 p 324.
Observer, 1869 p 556.
Ollier, M, 1864 p 174.
Outwater, J, 1869 p 410.

PAINE, H M, '68 p 567,"72 p 108.
Paine, Joseph, P,1866 p 547.
Parisot. Dr, 1864 p 8.
Parkhurst, G H, '64 p 118,'68 p 466
Parker, Charles, 1865 p 28.
Payne, W E, 1871 pp 186 239 263.
Payne, N M, 1868 p 235, '70 p 338.
Pattee, A F, 1869 p 325.
Pattison, John, 1866 p 153.
Parker, E D L, 1870 pp 395 498.
Palmer, Geo B, 1866 pp 263 471, 1868 p 75.
Palmer, George, 1872 p 251.
Palmer, A B, 1872 p 446.
Pettitt, B M, 1864 p 109.
Pease, G M, 1865 p 39.
Peterson, J C, 1866 pp 57 119, '67 pp 80 82 108 445.
Peterson, P H, 1866 p 67.
Prettyman, J S, 1867 p 120.
Preuss, Dr, 1871 p 167.
Pelissard, Louis, 1871 p 286.
Peter, M, 1872 p 435.
Piper, J R, 1865 p 15.
Price, E C, 1868 p 478, 1869 pp 184 558 560, 1871 pp 108 148 235 426 1872 p 162, 1873 p 470.
Price, E H, 1869 p 386.
Pitzer, G C, 1873 p 205.
Porter, Dr, 1872 p 477.
Potter, E A, 1864 p 165.
Potter, E, 1864 p 106.
Potter, A L L, 1865 p 364.
Poole, Thos, 1870 p 480.
Pomeroy. T F, 1872 p 250.
Pyle, T T, 1865 p 223.

QUILL, 1864 p 40.

RASCH, Dr. 1871 p 224.
Reutlinger, Solomon, 1869 p 140.
Remlass, Contributor, 1864 pp 60 109 142 173.
Renshaw, C J, 1865 p 234.
Reynolds, J R, 1865 p 236.
Reynolds, H, 1866 p 24.
Reiss. Dr, 1868 p 457.
R. S, 1865 pp 36 42 43 62.
Riedel, Dr, 1871 p 433.
Richardson, W C, 1871 p 374, 1872 p 207, 1873 p 203.
Rittenhouse, S R, 1870 p 528.
Richards, J C, 1869 p 235.
Rogers, W E, 1869 p 142,
Rowsey, Thomas, 1866 p 441.
Roberts, C H, 1869 p 143.
Roberts, E L, 1864 p 114.
Rogers, Smith, 1864 p 121, '65 p 37.
Roseburgh, A M, 1866 p 168.
Robinson, C L, 1869 p 570.
Routh, J W, 1870 p 252.
Rockwell, A D, 1872 p 458.
Rubini, Rocco, 1865 p 142.

SEARLE, W S, 1869 pp 57 60 224 225 277 281 405. 1870 pp 113 120 409 513, 1871 pp 26 28 33 128 132 133 235 228 292 369 382 421 425, 1872 pp 165 290 559 570

571 572 574, 1873 pp 110 119 313 345 484,
S. S. C., 1873 p 582.
Spranger, F X, 1864 pp 6 75 91, 1865 pp 71 213 220 271 '66 p 364, 1867 pp 65 359, 1872 p 100.
Shafer, L. 1864 p 134, 1867 p 277, 1869 p 44.
Sawyer, A J, '65 p 138. '68pp 426 427 428 430 432 433 435 436 438.
Sanford, L G, 1866 p 561.
Sanford, C E, 1867 p 105.
Smart, A R 1864 p 28.
Swan, G E, 1868 p 340.
Small, A E, 1865 p 318, 1866 p 226 1873 p 414.
S. A. M, 1865 p 297.
Sharp, Wm, 1867 p 9, 1872 p 549.
Shane, S C, 1867 p 24.
Saunders, W H, 1867 p 165.
Saunders, J C, 1873 p 561.
Smedley, R C, 1866 pp 22 258, '67 p 21, 1868 pp 24 63 513, 1869 p 561, 1872 p 84, 1873 pp 87 272.
Shell, D, 1864 p 80.
Seeger, F, 1870 p 425 434 561, '71 pp 232 370 375, 1872 p 303.
Sherwin, Wm, 1865 p 177.
Stevenson, G, 1870 p 554.
Selfridge, J M, 1867 p 396.
Schley, P F, 1870 p 411.
Sheldon, J W, 1867 p 312.
Seaman, C A, 1869 p 145.
Speir, S F, 1871 p 359.
Stearns, G W, 1871 p 383.
Seguin, Edouard, 1872 p 204.
Scheurer, P, 1873 p 596.
Sirsch, Florian, 1864 p 62.
Smith, C C, 1866 p 219 224 469, 1867 p 228.
Smith, H M, 1864 p 165.
Smith, J Harmer, 1865 p 257.
Smith, F B, 1871 p 293.
Smith, G H, 1867 p 353,
Smith, W W, 1867 p 159, 1870 p 126 1871 p 48.
Silva, Dr, 1870 p 333.
Shipman, Geo E, 1870 p 390.
Shide, R, 1865 p 325, 1868 p 467.
Spinney, A B, 1866 pp 59 214.
Springsteed, D, 1869 p 41, '72 p 168.
Simonin, Ed, 1871 p 126.
Sorge, Dr, 1868 p 284.
Strong, O G, 1866 p 403, '67 p 77.
Scott, Wm A, 1865 p 299.
Silsby, J P, 1871 pp 290 367 380.
Stobbs. Alex, F, 1873 p 210.
Slocum, M, 1872 p 400.
Stockwell, A P, 1868 299.
Skoda, Prof, 1870 p 574.
Scholz, Dr, 1873 p 112.
Scudder, J M, 1865 p 323, 1873 p 374.
Sunderlin, V W, 1864 p 61 64, 1867 p 163.
Schultes, Dr, 1864 p 160.
Struve, Dr, 1871 p 428.

TALBOT. I T, 1871 p 569. 1872 p 100, 1873 p 538.
Tallmadge, R, 1867 p 69.
Taylor, H W, 1873 p 600.
Teste, Dr, 1867 p 107.
Tritschler, Dr, 1873 p 194.
Trinks, Dr, 1869 p 205.
Tinker, M A, 1866 p 262, '67 p 395.
Thomas, T G, 1873 p 504.
Thomas, A R, 1868 p 236.
Tobold, Von Adelbert, 1870 p 561.
True, O W, 1867 p 167. 1869 p 185 1870 p 460, 1871 p 561.
Tuttle, J B, 1867 p 438.
Tufford, C D, 1868 p 220.
Tyrer, Jas D, 1864 p 132.
Tyler, J F, 1869 p 229.

VANDERBURGH, F, 1864 p 177 '65 pp 115 155, 1867 pp 415 431.
Vanderburgh, D W, 1869 p 516.
VanNorman, H B, 1866 pp 63 275.
Valentine, P G, 1869 p 393, 1870 p 509, 1871 pp 119 362.
Veritas, 1864 p 44, 1865 p 227.
Vedder, A M, 1864 p 47.
Vee, A, 1865 p 151.
Verdi, T S, 1865 p 152, 1872 p 147 1873 p 258.
Vincent, F L, 1866 p 31, '71 p 471.
VonTagen, Dr, 1873 p 281.

W. 1865 pp 273 286, 1866 pp 165 569.
Warren, H M 1864 p 109 '65 p 41.
Warren, S C 1864 p 150.
Walker, A J, 1865 p 209, 1866 p 224, 1869 p 23.
Walker, L, 1866 p 508.
Warren, E B, 1866 p 468.

Wegener, Dr, 1872 p 481.
Waite, W S, 1865 p 61.
Wanless, John, 1867 p 48, '68 p 578, 1869 p 523.
Waldron, D, 1868 p 562.
Ward, H J, 1869 p 226 279.
Ware, Wm G, 1869 p 559.
Watson, Wm H, 1870 p 349, 1872 p 170.
Wernich, A, 1873 p 202.
Weaver, C H, 1866 pp 518 520.
Wells, P P, 1864 p 19 68.
Wells, C J, 1873 p 476.
Willard, W H, 1873 p 477.
Wright, M B, 1873 p 433.
Whitehead, W R, 1872 p 155.
Wilder, A, 1871 p 445.
Wilder, L De V, 1873 p 84.
Wigand, H, 1866 p 217, '67 p 62 63.
Wilson, Thomas, 1866 p 11.
Wilson, Wm, 1872 p 73.
Wilson, T P, 1864 pp 76 175, 1865 pp 23 49 117 329 352, 1866 pp 80 271 565 568, 1870 p 98.
Wise, T S, 1865 p 235.
Williams, C D, 1865 p 249, 1867 pp 171 257, 1868 p 72, 1869 pp 310 497.
Williams, C A, 1868 p 172, 1869 p 514, 1871 p 420.
Wigand, H, 1864 p 107, 1865 p 232.
Wilkinson, J G, 1866 p 224.
Whittier, D B, '64 p 132, '68 p 220.
Whiteside, W N, 1866 pp 516 557 1869 p 513.
White, J S, 1867 p 124.
White, J R, 1872 p 107.
Woodward, A M, 1865 p 85.
Woodward, Joseph, 1872 p 444.
Wood, J B, 1869 p 328.
Worcester, Sam'l, 1872 p 216.
Woodruff, C S, 1870 233.

YANDELL, David, 1871 p 124.
Younghusband, L, 1867 pp 285 444 1868 pp 73 466, 1869 p 83.
Younglove, 1868 p 485.
Young, James, 1871 p 223.

CONTENTS

CLASSIFIED INDEX.

PRACTICE OF MEDICINE, - - - - - - - Page 633.
MATERIA MEDICA, - - - - - - - - - 648.
SURGERY, - - - - - - - - - - - - 657.
OBSTETRICS AND DISEASES WOMEN AND CHILDREN, - 663.
PHYSIOLOGY, ETC., - - - - - - - - - - 667
MISCELLANY, - - - - - - - - - - 668.
AUTHORS AND CONTRIBUTORS, - - - - - - - 676.

"An invaluable journal."
"Welcome as an old friend."
"Its appearance and contents much improved."
"I am much pleased with it."
"I cannot do without it."
"The *Observer* is doing a good work."
"A welcome visitor."
"A useful journal."
"I am entirely pleased with your efforts and that of your colaborers."
"I read the journal with profit and pleasure."
"The *Observer* is one of the insdispensables of my office."
"Never overlooked and much admired."
"I think the *Observer* one of the best homœopathic journals of the age—cheap enough."
"Your journal is yearly making great advancements in usefulness, and I trust is as independent in its financies as is scientific and truthful."
"The renewal of my subscription is the evidence of my appreciation of your journal."
"I highly prize it for its independence and earnestness.
"I find by the *Observer* I can almost keep pace with my profession, without the other journals."
"Better than ever."
"It is gratifying to see the improvements that the *Observer* is making."
"I should not like to do without it, as I get very many valuable ideas from its pages."
"Being a so-called country practitioner, not enjoying the privilege of daily communion with my fellow homœopaths, I have learned to rely in a measure upon the *Observer* to supply the deficiency, and am more than satisfied with the result. I await its monthly appearance anxiously, and devour its well-filled and interesting pages with pleasure *and profit*."
"I had thought to discontinue the *Observer*, owing to the multiplicity of papers on my table, but it has got to be one of the family, and I must have it."
"It is a valuable paper, and your indefatigible industry and perseverance will doubtless assure you success in its publication."
"I much prize its short and practical statements."
"When I received the first number of Vol. I., I said to myself, 'this can be of no service to *me*, it has only a local interest, if any, to any one;' but some slight circumstances, an article I saw, and your promises, as set forth in the prospectus, determined the question, and now its title-page is *like the face of an old friend*."
"I send you the amount of subscription. I thank you kindly for sending it so promptly. It is something I always expect just about the time it comes, and feel a little restless if much delayed. I love to read its pages. The articles are eminently practical, and I can extract something every month which I can apply with benefit to the variety of cases which I am called upon to treat."
"I have been trying journals from other points and find that I much prefer the *Observer*."

A subscriber in Kentucky writes: "I regard the *Observer* as a model monthly. Its short, clear, succinct articles present a perfect mirror of the various shades of opinion of a liberal profession; nevertheless the journal is itself eminently conservative. Every physician should take it, and bind it as a book of reference."

From CANADA, (Montreal, Province of Quebec,) John Wanless, M. D., says: "I have been a subscriber to the American Homœopathic Observer from the 1st volume, and as (owing to their intrinsic worth) the volumes are regularly bound, I like to see their growth in *bulk*, as well as in highly meritorious character, from year to year. May you long be spared to ably pilot the good ship, and enjoy much profit as the worthy owner thereof."

From GEORGIA, F. H. Orme, M. D., writes: I habitually read a number of medical periodicals, and regard as *retrogressive* the physician who does not in this way keep informed of the progress in the medical world. The monthlies have a freshness about them which causes them to be more read, and consequently more useful than those published less frequently; and the *Observer* especially presents a monthly instalment of matter so practical and suggestive, that, in my judgment, the most busy practitioner cannot afford to dispense with it. Besides, your enterprise and devotion deserve encouragement at the hands of every friend of the cause of Homœopathy.

From MAINE, C. A. Cochran, M. D., writes: "I have read every number of the Observer from its birth to the present time, and can but notice with great pleasure its growth, from a small journal of some dozen pages, to its present size; and it gives me pleasure to say, that I consider it a first-class journal, replete with matter both suggestive and instructive to the busy practitioner. Accept my best wishes for its continued prosperity."

From INDIANA, N. G. Burnham, M. D., writes: "The "*American Observer*" is full of practical matter; an able exponent of the principles and progress of medicine, and worthy of the liberal patronage it receives."

From ALABAMA, J. W. Vance, M. D., writes: "I have been a reader of the "*American Observer*" from the first number to the present, and it gives me much pleasure to assure you that it meets my most cordial approbation. I find it just the kind of medical journal for the busy practitioner; fresh, practical and interesting, and up with the progress of science. I have noted with great satisfaction its growth and improvement from its beginning, and it is no little gratification to me to know that it is a success. You may consider me a *regular* subscriber."

From MASSACHUSETTS, B. de Gersdorf, M. D., of Boston, writes: "You have my best wishes for the further successful career of your welcome journal."

From TEXAS, Mortimer Slocum, M. D., writes: "I should feel lost in this remote corner of civilization, did I not receive the *Observer* regularly. I am pleased to notice a steady improvement in its matter and appearance."

PROF. J. C. SANDERS, of the Cleveland Homœopathic College, writes: "The *American Observer* is a power in homœopathic literature, growing yearly in strength and influence, and no physician can afford to be without it."

PROF. W. WILLIAMSON, of Philadelaphia, writes: "The journalist who does his duty, ought to be sustained by the profession."

PROF. T. S. HOYNE, of the Hahnemann College of Chicago, writes: "Of course I want the Observer. It is the only punctual journal we have."

H. P. EATON, M. D., of Rockport, Maine, writes: "I have received every number of the *American Observer*. I thought it the first year *good;* then as it grew and developed itself, BETTER, and now, the BEST medical journal I read."

GEO. B. PALMER, M. D., of New York, writes: "Allow me to say that among all the medical periodicals, none is more welcome than the *American Observer*."

J. D. CRAIG, M. D.

ROOMS 7 AND 8, HOARD'S BUILDING,

OFFICE HOURS:
8 TO 9 A. M. 2:30 TO 4 P. M.,
AND 8 TO 9 P. M., EXCEPT WEDNESDAY'S.

OAK PARK, ILL.

UNIVERSITY OF ILLINOIS-URBANA
3 0112 125177292